363 CERTIFICATE OF DEATH

01359 Rea Dist No

	- 12 - 47								Mag. Dist.	110.
PLACE OF DEATH O. COUNTY	Allegany	1000	MARYLA	AND	2. USUAL RESIDER	-	-	l lived. If institut b. COUNTY		
	If outside corporate limi	to maito	c. LENGTH OF STAY IN				and		Alle	
RURAL ond give r		is, write		4 10	c. CITT OR TO	MIN (III	ourside corpoi	rote limits, write f	CUKAL ond give	e nedrest town)
Cumberla	nd		1/16/60				rland			
OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADD	_				e. IS RESIDENCE ON A FARM?
Al	legany Co	unty	Infirmar	y	10	5 P	ennsy	lvania	Ave.	YES NO 🔀
3. NAME OF DECEASED (Type or print)	Danie		Middle B •		Bailey		4. DATE OF DEATH	Februs		Day Year 19 60
S. SEX			RIED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In years		EAR IF UNDER 24 HRS
Male	White	WIDOWI			2/25/18	78		81 birthdoy) yrs.	Months Da	ys Hours Min.
			KIND OF BUSINESS OR				e or foreign co			N OF WHAT COUNTRY
Retired -	king life, even if retired		tkins Pro		ts West	Vi	rgini			S. A.
13. FATHER'S NAME					14. MOTHER'S M.	AIDEN	NAME	- Stall		
	Edgar Bai	Tol			Mary	Le	ather	man		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	-11	NFORMANTP . O	Bo	x 599	Add	res Cumb	erland, Md
(Yes, no, or unknown) NO	(If yes, give war or dates of s		Jnknown		legany				y Reco	ords
	ATH [Enter only one co	use per li	ne for (o), (b), and (c).)		. Air	1	A.	1.1		INTERVAL BETWEEN
PAKI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1 6	Nrome 1	my.	peardia	6	Degles	elranic	カー	7
1592	DUE TO		0 0 1	1	1.4	1	10.			-
Conditions, if		1	Cerebral	-	arter	00	cler	balo,		(
gove rise to couse (o), stoting	\ DITE TO		10	(_ , 0.	- 4	1-			>
lying couse lost		,	pronie	/	MORE	ch	10			- 1
PART II. OT	HER SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DEAT	н выт	NOT RELATED TO TH	HE TERA	MINAL DISEASI	CONDITION GI	VEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?
PART II. OT	Seu	ile	ADUM	KA	015					YES NO
20g. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIST HOW INJURY OC	CURRED). (Enter nature of in	ijury ir	Port or Port	II of item 18.)		
	RY Month, Doy, Ye	or 20d. II	NJURY OCCURRED 2	Oe. PLA	ACE OF INJURY (Ho	me, for	m, 20f. (City	or town)	(Cou	nty) (State
WE DE INJU HOUR OF INJU HOUR O. m. p. m.	19	While	Not while	foc	tory, street, office b	ldg., e	tc.)			
			3 /3	111	^	-	17016	^		
0/	hot I attended the	deceos				10_6				saw the deceose
olive on_2/	75/00	, 19	, ond that c	leoth	occurred at 6	:45				lote stated abave
	1	12	Cl.		10			reet, city or town,	, stote)	DATE SIGNE
SIGNATURE	alles	1	Trace	/	M.D. 49	ire	ene S	t.		2/13/60
PHYSICIAN'S NAME (Type)	Dr. James	E.	McLean		Cum	ber	land,	Md.		
	ON, 22b. DATE THEREC)F	22c. NAME OF CEMET	ERY OF	R CREMATORY		22d. LOCAT	ION (City, town,	or county)	(Stote)
Burial	Deb.17.	196	OBeaver Ru	ın (Cemetery	7	Ham	oshire	Co.	W. Va.
23. FUNERAL DIRECTOR			ADDRESS				C'D BY REGIST	RAR 24b. REG	ISTRAR'S SIGNA	ATURE
Byron K	ight (Cumb	erland, Mo	1.	D	ATE =	FR 1 7 %	30	other & of	Your
- 0	9								MANIET AS	Manya

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

page 3 shauld be detached for use as the buriol-transit permit. Then please remeye carbon papers. the registrar priar to burial, cremotian, or remaval, and in any event within 72 hours letter death.

TO HOSPITAL VS A15 (4) 15M 9/SB

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	Englished State			
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		. Mr. Dagir u	100 100	Maron a

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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shauld be filled with	

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after death.

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave arban papers. Pages 1 and 2 shauld be filled with the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/5B

	10	CERTIF	ICATE OF	DEAIL			Reg. Dis	st. No.	
1. PLACE OF DEATH o. COUNTY ALL, EGANY	Tien on	MARYLA	o. STATE	MARYL		lived. If institution b. COUNTY	on: Residen	LLEGA	dmission)
b. CITY OR TOWN (I RURAL ond give no CUMBER		ite c. LENGTH OF STAY IN	o 2	TOWN (IF or		ote limits, write R	URAL ond g	give nearest	town)
OR INSTITUTION	AL (If not in hospital, give st EART HOSPITAL	reet oddress)	d. STREET		NTRE S	ST .		C	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	First JOSEPH	Middle	BARN	HIJJ.	4. DATE OF DEATH	Mon FEB.	th 6	Day	Year 19 60
s. sex MALE	WHITE WID	MARRIED NEVER MARRIED OWED DIVORCED	0 4/	6/93		9. AGE (In years lost birthdoy)	IF UNDER Months		JNDER 24 HR
during most of worl	ON (Give kind of work done king life, even if retired) Phanger	Own	Lo	NACE (Stote on ACON) S MAIDEN N	ing,	44.9	12. CITI	USA_	HAT COUNTRY
Jame	es P. Barnh					onnelly			
	R IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	220 07 6608	8 Mrs. Th	eresa	Has.			erlar	nd, Mo
434.1 Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the under- C) DUE TO (c)	acude (0		elar				
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	oma, eson	DESCRIBE HOW INJURY OCC	Sters	is e	sonk	usus	EN IN PAR	PE	VAS AUTOPSY ERFORMED? S NO
20c. TIME OF INJUR Hour o. m. p. m.	W	Od. INJURY OCCURRED 2 (hile Not while work of work	Oe. PLACE OF INJURY foctory, street, offi	(Home, form, ce bldg., etc.	, 20f. (City	or town)	(0	County)	(Stote
alive an ACTUAL SIGNATURE PHYSICIAN'S	at lattended the dec	Sey J.	death accurred a	,	ADDRESS (St	the causes an	d an the	e date sto	ne decease ated abay DATE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify) BUT1al	LEO H.LEY, JR N. 226. DATE THEREOF 2/9/1960	22c. NAME OF CEMET	ery or crematory		22d. LOCAT	IE ST., C ION (City, town, Inberlan	-	3	(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS umberland, 1	ESTER TO I	24a. REC'	BY REGIST	RAR 24b. REGI	STRAR'S SIG	GNATURE . True:	9.51

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		. By partition and the contract	north .

in any event within 72 haurs after death.

crematian, ar remaval,

the registrar priar to burial,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1365 CERTIFICATE OF DEATH

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Dist.	No.			,		-

_		- WW								
1. PLACE OF DEATH o. COUNTY	Allegany	81.5	MARYLANI	o. STATE	DENCE (Who		ved. If institution b. COUNTY	Alle		Imission)
b. CITY OR TOWN (RURAL ond give n	If outside corporate limits,	write c. LE	NGTH OF STAY IN 11				e limits, write R			town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	e street oddres	years years	d. STREET	Cumber Address	land				RESIDENCE
508 Dilly	Street				508 Di	lly St	reet	57.14		S NO
3. NAME OF DECEASED (Type or print)	First		Middle GLISAN	BEALL	st	4. DATE OF DEATH	Mon ebruar		Day	Yeor
5. SEX	6. COLOR OR RACE 7			B. DATE OF BIRT		9.	AGE (In years lost birthdoy)	IF UNDER 1		INDER 24 HR
Male 10a. USUAL OCCUPATION	ON (Give kind of work do			Dec. 17		or foreign coun	VV	12 CITIZI	EN OF WH	AT COUNTR
Maint. F 13. FATHER'S NAME Albert F 15. WAS DECEASEDEVE (Yes, no, or unknown)		5? 16. SOCIA		Chris	stina	Smith	508 Dil	lly S	treet	
ves	WW1	213-	12-9156 J	. Henry	Stite	er	Cumber	land,	Mary	riand
PART I. DEA 420, I Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the under-	Ĉi	Coron	nary	The Ser	leron	nlos	res	ONSET	AL BETWEEN
CATIC	HER SIGNIFICANT CONDI	HONS CONTR	IBUTING TO DEATH B	BUT NOT RELATED TO) THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART	PE	REFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE	HOW INJURY OCCUR	RRED. (Enter noture o	of injury in P	ort I or Port II	of item 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year		OCCURRED 20e. Not while of work	PLACE OF INJURY foctory, street, offic			town)	(Co	ounty)	(Stot
actual SIGNATURE	Clay Durre	, 19 6 c	and that dec	ath accurred at	4	M, fram the	2/, 1960, e causes an t, city or town, Cumberl	d an the stote)	date sta	
220. BURIAL, CREMATIC PEMOVAL (Specify)	2/24/60		NAME OF CEMETERY			22d. LOCATIO Cumber	N (City, town, c	Maryl	and	(Stote)
23. FUNERAL DIRECTOR	s signature Cumber		ADDRESS Maryland			B 2 4 '60		STRAR'S SIGN	1 4	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A1S (4) 1SM 9/S8

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VS A15 (4) 15M 9/58

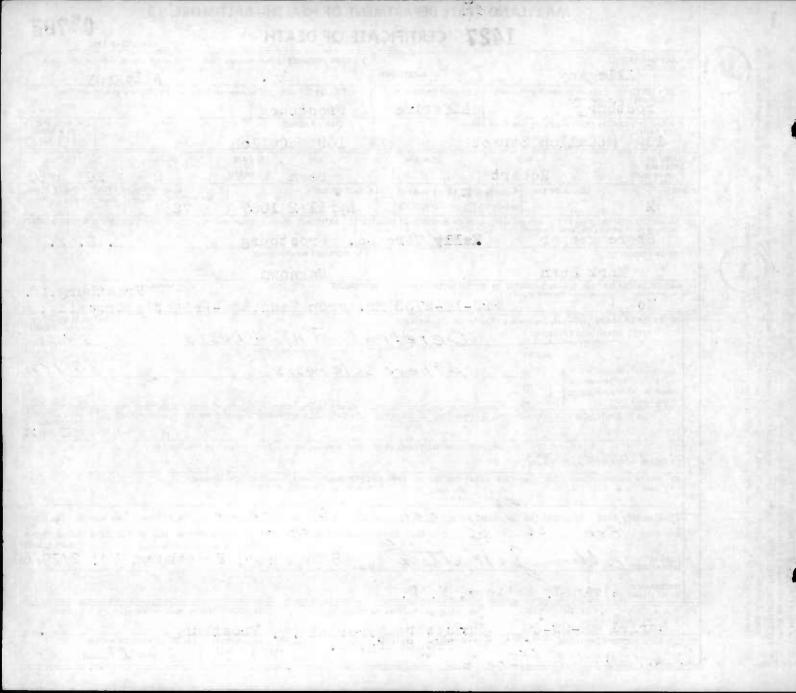
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1427

02703

CERTIFICATE OF DEATH Reg. Dist. No.

o. COUNTY Alle	gany		MARY	- 11	o. STATE	Md.		lived, If instituti b. COUNTY		ce before	e admissi	ion)
b. CITY OR TOWN (If or RURAL and give near Frostbu	utside carporate limitest town)	ts, write	c. LENGTH OF STAY Life tim		c. city or tow		3103	ote limits, write R	URAL and	give near	rest town)
d. NAME OF HOSPITAL OR INSTITUTION MC	(If not in hospital, g Culloh S			1	d. STREET ADD					e		FARM?
3. NAME OF DECEASED (Type or print)	Fin Rob	ert	Middle		Lost Be at		4. DATE OF DEATH	Mor	nth	Day 26		Year 19 60
5. SEX 6			ED NEVER MARRIE	D [8. D/	ATE OF BIRTH	11		9. AGE (In years	IF UNDER			
M	W	WIDOWE			April	2 18	387	lost birthdoy) 7 2/rs.	Months	Days	Hours	Min.
100. USUAL OCCUPATION during most of working Store	(Give kind of work of life, even if retired)		IND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE		r foreign co	1 100		IZEN OF		OUNTRY?
13. FATHER'S NAME		. 177		14	. MOTHER'S MA					7		
Mar	k Bean				IInk	now	1					
1S. WAS DECEASED EVER II (Yes, no, or unknown) (If)	N U. S. ARMED FOR	ervice)	0-10-273		RMANT			Add	ress Fro	stb	urg	, Md.
	nediate (DUE TO		Ciere				m be	2515			and day	
ICATIO			ONTRIBUTING TO DEA						EN IN PAR		PERFO	AUTOPSY RMED? NO
	DICAL EXAMINER)					- 15						
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	While of work	Not while at wark	20e. PLACE (factory,	OF INJURY (Hom street, office blo	ne, form, dg., etc.)	20f. (City	or town)	{(Caunty)		(Stote)
21. I certify that alive on	b 26 Ulving	l - /	d from Feb. 20, and that Valley allers. M. D.	death acc	, 19 60, t curred at 4. 48 Bro	40 P	A, from 1	the causes and eet, city or town, Frostbu	d an the	nst saw e date Mđ.	stated	eceased l abave E SIGNED 29/6
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	225. DATE THEREO		22c. NAME OF CEME				_	ION (City, town,	or county)		(State	
23. FUNERAL DIRECTOR'S S		er F	unificat	- 111	M 2 24		BY REGISTI	RAR 24b. REGI	STRAR'S SI		E	



death. Page 4

187

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01361

1428 CERTIFICATE OF DEATH

Reg. Dist. No.

		- =			g. b.i.i.	
1. PLACE OF DEATH O. COUNTY	Llegany	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Mary)	and b. COI	stitution: Residence L	
b. CITY OR TOWN (I	f outside corporate limits, w	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF a	outside corporate limits, w	rite RURAL and give	nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give sers Hospita	reet oddress)	d. STREET ADDRESS Dougl	as Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Homer First	Edgle	Beavers		Month	12 19 60
Male Male	Tall had to a	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH August 12,	1895 9. AGE (In) los by the	years IF UNDER 1 Y doy) Months Do yrs.	EAR IF UNDER 24 HRS. ys Hours Min.
Retirea	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU Coal Mine		or foreign country) den, W.Va.		S.A.
13. FATHER'S NAME	/illiam Bea	vers	Agnes			
	R IN U. S. ARMED FORCES? (If yes, give war or dotes of service)	16. SOCIAL SECURITY NO. 17. 1 236-03-3826	Mrs.Hilda	Beavers	Address Lonacon	ing, Md.
	TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per fine for (o), (b), and (c).]	"Wife"			INTERVAL BETWEEN ONSET AND DEATH WEEK
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	ny, which (b)	V				
3 Chroni	c Branch	ons contributing to DEATH BUT	NOT RELATED TO THE TERMI	had disease condition	N GIVEN IN PART 16.	19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II of hem II	3.)	
20c. TIME OF INJUR Hour o. m. p. m.	v	Od. INJURY OCCURRED 20e. Pt. /hile Not while twork of work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc), 20f. (City or town)	(Cou	nty) (Stote)
alive on Te	at I attended the dec	ceosed fram Jan 19 60, and that death			ses ond on the	t saw the deceased date stated abave. DATE SIGNED
PHYSICIAN'S LE	SLIE R. N	MILES JR. M.D	MO. MAIN	ST.	5 M	2.12.6
	N. 22b. DATE THEREOF 2/14/60	22c. NAME OF CEMETERY O	*	22d. LOCATION (City, IN Blooming	own, or county)	Md (Stote)
23 FUNERAL DIRECTOR' George Ei	s signature chhorn	Address Lonaconing,	4.3	D BY REGISTRAR 24b.	REGISTRAR'S SIGNA	
					Dilhing S. The	ou.

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The state of the s	Pebruary 12			"Joneth"	
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		Senten Pantons		of millim	
	St (enimozonel - &	Levery Ferry, 188	1236-03-365		
Bertet William Control of the contro					

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12CC CERTIFICATE OF DEATH

01363

1. PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 97 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLUMBERLAND
MEMORIAL & WARWICK AVES.	/ d. STREET ADDRESS 224 GELNN STREET e. IS RESIDEN ON A FAR YES \(\sum \) NO
3. NAME OF First Middle DECEASED (Type or print) LILIAH "Keefe*.	BENNETT 4. DATE Month Day Year OF DEATH FEBRUARY 17 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED TO DI	JUNE 22 ,1919 9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 Hours A Months Days Hours A
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Textile "Kr. Celanese Corp. 3. FATHER'S NAME	USTRY 11. BIRTHPLACE (Stote or foreign country) PENNSYLVANIA Chaneysvilly.S.A. 14. MOTHER'S MAIDEN NAME
JOHN H. KEEFER	ANNIE M. BROWNING
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service) NO 220710-4202 ME	EMORIAL HOSPITAL CUMBERLAND, MD.
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) Cluduce (b) Cluduce (c)	a d) Redun 34,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORME YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 1B.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (cotory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alixe an 17 Feli 19 00, and that a 220. SIGNATURE	death accurred at 6:45, PMm the causes and an the date stated ab M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Type) DR . WE I SMAN	22d. ADDRESS ST Cumberland, My
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 2/20/60 Mt. Zion Chr 24. FUNERAL DIRECTOR'S SIGNATURE	
John J. Hafer, Cumberland, Maryland	DATE FFB 2 3 '60

VR A15 (4) 15M 9/59

CALIFORNIA CARROLLAND TENTO HUES ISS YOURSE WE ARE THE TENTH OF THE PARTY OF THE CALL PAIL, SS SILVEY XILLER . A. O. a Children was Manual Addition contraction of the contraction o CONTRACTOR OF THE PARTY 92723X H MADE the state of the s

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(11364

Ban	Dist.	Ma	

1. PLACE OF DEATH a. COUNTY	legany	13	67 MARYLAN	TATE OF			sed lived. If institution b. COUNT			mission)
and give nearest to	(If outside corporate limits, writers) Imberland	e RURAL	c. LENGTH OF STAY IN 1 1/30/60	b c. CITY	or town (porate limits, write			own)
d. NAME OF HOSP			pital, give street address)	d. STREE	FT ADDRESS	5 TOME			10	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF DEATH	Mant	h D	ay	Year
(Type or print)	Ralph		Sylvester		Bennett		2	1	0-0	19 60
s. sex Male	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED D	B. DATE OF BI	- ~		9. AGE (In years lost birthday) 46 yrs.	Months Day		
On USUAL OCCUPAT	ION (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDI			or foreign		12. CITIZEN	OF WHA	T COUNTRY
during most of work	ing life, even if retired)					100		10	3-16	
Lumberma 13. FATHER'S NAME	ın				R'S MAIDEN I		Chaneys	иште	USA	
of Farmer 5 to the	70									
S WAS DECEASED E	VER IN U. S. ARMED FO	ennet		Reb	ecca F	Robine				
Yes, no, or unknown)	(If yes, give war ar dates of	service)	SOCIAL SECURITY NO. 17	, INPORMANT			Address			
no					Patien	t's Ch	nart			
	ATH [Enter only one co	use per line i	for (a), (b), and (c).]					III O	NTERVAL BETY	VEEN EATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (or	1	Maceration of	brain:	right	hemis	phere	Y SHE	12 da	VS
816×								-		
Canditions, if			Automobile ac	nident					12 da	****
gove rise la imm	ediate cause		AUTOMODITE AC	CLUSITO					LZ Qa	VS.
(a), stating the	underlying	2015								
	THER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEAS	F CONDITION GIV	/FN IN PART I/a	allo WAS	ALITOPSY
				THO RED TIES	TO THE TERM	III TO BUSE ON	L CONSTITUTION ON	LEIA HA LYKL IG	PERF	ORMED?
5 20- SYTERNIAL CA	ALICE WAS 12	DECCRIO	HOW INTURY OCCURRED	# - 1 1					YESTE	но 🗆
PART II. O' 20g. EXTERNAL CA PRIMARY D or CC CAUSE OF DEATH	ONTRIBUTING		How INJURY OCCURRED. Auto accid	ent Sti	ruck ar	nother	car			
20c. TIME OF INJU		or 20d. I	NJURY OCCURRED 20e. P	LACE OF INJUR	Y (Home, farm	n, 20f. (Cit	y or town)	(Caunty)		(State)
Haur	Tan. 30 16	O at wo	Not while fr	octory, street, of Stre			de Flint	ak an a	477.00	7/12
7-111			emoins described al				nspection K			
], Accident [], S						A, ond	ring inc
deoin resulte	a fram: Natural	canses [J, Accident KJ, 5	ouicide,	Homiciae	, [], O	ndetermined o	couse		
ACTUAL SIGNATURE	3. Skit	arel	(c)	M.D. CHIE	F MEDICAL EX	XAMINER _			DATE	SIGNED
					TANT MEDIC	AL EXAMINI	R			
EXAMINER'S NAME (Type)	Dr. B. Ski		i.c	DEPU	TY MEDICAL	EXAMINERY	A Februa	aryxxxx	960cx	12/19
20. BURIAL, CREMATI REMOVAL (Specifi	ON, 226. DATE THEREC	OF	22c. NAME OF CEMETERY	OR CREMATORY	1911	22d. LOCA	TION (City, town,	or county)	(Sto	ite)
Burial	Reb. 15.	1960	Chanevsville	e Meth.	Cem.	Chane	ysville	Penns	ylva	nia
3. FUNERAL DIRECTO			ADDRESS		24a. REC'	D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNA	TURE	
Taba T	Inform Co. 1		d. Maryland		DATE F	EB 15	60 0	rthun S. H	roug	
John J. I	BIEF, Cum	erlar	o, Maryland		DAIL					

TO SERVED THE THE PARTY OF THE tilled a public and designed and provide all a large

VS A1S (4) 1SM 9/SB

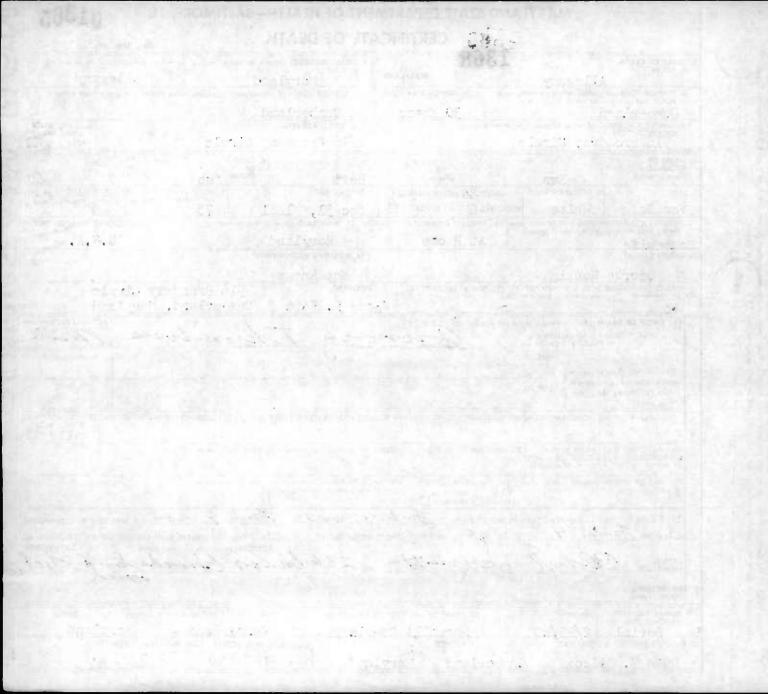
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01365

CERTIFICATE OF DEATH

Pag Dist No

		4000					Keg. Dist. 14	0.
1. PLACE OF DEATH o. COUNTY	Allegany	1368	MARYLAND	o. STATE	ENCE (Where deced	sed lived. If instituti b. COUNTY		
b. CITY OR TOWN (II	outside corporate limits,	write c. LENGTH O	F STAY IN 1b	1		porote limits, write F		
RURAL ond give ne		20 7		02 Cramb	bea [ma			
d NAME OF HOSPIT	AL (If not in hospital, give		<u>Cears</u>	d. STREET AG				e. IS RESIDENCE
OR INSTITUTION	dway Circle	311001 00010337			oadway Ci	nole		ON A FARM?
3. NAME OF DECEASED (Type or print)	Eva	May	Middle	Bett	4. DATI OF DEA		1th 0	Pay Year 19 60
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER	MARRIED [8. DATE OF BIRTH		9. AGE (In years lost birthdoy)		R IF UNDER 24 HR
Female	White w	VIDOWED DI	VORCED	Dec 31.	1881	78 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work don	ne 10b. KIND OF BUSI	NESS OR INDU	STRY 11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
Housewife	ing life, even if retired)	At H on	ne	Mar	yland		U.	S.A.
13. FATHER'S NAME				14. MOTHER'S	,			
Coommo	Montin			Not k	norm			
	Martin	S? 16. SOCIAL SECUR	ITY NO I	NFORMANT		16 Broad	less Cinal	
(Yes, no, or unknown)	If yes, give war or dates of servi							
No				mes R. B	ett Cu	mberland,		
	TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	e per line for (o), (b),	ond (c).]	uru	The	ombo	sis of	ITERVAL BETWEEN
420.1	DUE TO	<u> </u>		0	, , , , , ,			
Conditions, if or	ny which)							
gove rise to in	m mediote (11111111111111			
lying couse lost.								
	(c)_ IER SIGNIFICANT CONDI	TIONIC CONTRIBUTING	TO DEATH BUT	NOT PELATED TO	THE TERMINIAL DICE	ASE CONDITION OF	VENI INI PART 1(a)	19 WAS ALITOPS
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	EK SIGNIFICANI CONDI	HONS CONTRIBUTING	TIO DEATH BO	THOT KELATED TO	THE TERMINAL DISC	ASE CONDITION OF	VEIV IIV PART 1(0)	PERFORMED? YES NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW IN	JURY OCCURRE	D. (Enter noture of	injury in Port I or	Port II of item 1B.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	20d. INJURY OCCUR! While Not while of work of work	fo	ACE OF INJURY (F ctory, street, office		City or town)	(Count	y) (Stot
	ot I attended the d	lacased from	Freb.	9 10/00	in Fra	2.9., 196	Shot I last se	w the decease
	of fullended the d							
alive on 32		, 19 66, one	thot death	occurred of_	M, tro	m the causes ar (Street, city or town	nd on the da	DATE SIGNI
ACTUAL	300.18.	Lun	the	736	ADDRESS	(Street, city or town	Las Las	D Wis
SIGNATURE	erry	3	V	M.D.	Cat ice	Com		[]
PHYSICIAN'S NAME (Type)								
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME C	OF CEMETERY C	OR CREMATORY	22d. LO	CATION (City, town,	or county)	(Stote)
REMOVAL (Specify)	2/12/60	Rosel		neterv	Cumb	erland	Marv	land
23. FUNERAL DIRECTOR'	S SIGNATURE	ADDRESS			24o. REC'D BY REC		ISTRAR'S SIGNAT	
					ern 4	E 100		
Ruth E. S	TICOX C	umberland	Mary.	Land	DATE FEB I	0 00 (Trithur & 9	Track



06

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01366

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1.	PLACE OF DEATH o. COUNTY	ALEEGANY	1365	MARY	LAND	2. USUAL RESIDENCE (WI o. STATE MARYLA		b. COUNTY	Residence bef	
	RURAL ond give ne		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF C		mits, write RUR	AL and give ne	earest town)
	d. NAME OF HOSPIT OR INSTITUTION MEMOR I	MEMORIAL	HOSP I	ddress)		d. STREET ADDRESS	ASSACHUSE	TTS AV	Ε.,	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Bal	**************************************	Middle	e	Last BOHRER	4. DATE OF DEATH		RUARY 4	19 60
S.	FEMALE	6. COLOR OR RACE WHITE	7. MARRII	ED NEVER MARRI	[FEBRUARY 4,	1960 9. AG		Months Days	Hours Min.
1	during most of work	ON (Give kind of work ing life, even if retired	done 10b. K	CIND OF BUSINESS C	OR INDUST		ND, MARYI		12.CITIZEN C	A .
13	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME			
1	CHARI	LES E. BOHF		COLLA CECHINEY NO	1.7 10.11	ANNA BE	RGMANN	Addres		
		R IN U. S. ARMED FOR (If yes, give war or dates of s		MOULE SECURITY NO			PITAL, CI			
	PART I. DEA 76/.0 Conditions, if a gove rise to it couse (o), stating lying couse lost.	mmediate the under-	, Re	spiration of truster	Obs Itu	Lucteon .			ON	TERVAL BETWEEN
CERTIFICATION	PART II. OTH	ier significant con	DITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE COI	NDITION GIVE	N IN PART 1(o)	PERFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	CCURRED	. (Enter noture of injury in	Port I or Port II of	item 1B.)		
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	JURY OCCURRED Not while at work		CE OF INJURY (Home, farr ory, street, office bldg., etc		own)	(County	r) (Star
	saw the deceas	ot (I) (this haspital) attende	1 A		4Feb 19	M, fram the			hat (I) (we) la e stated abov
	22o. SIGNATURE	and Ist	Sau	som	N	I.D. PHYS. D	NED. ST	AFF IYS.	4766	22b. DATE SIGNI
	22c. PHYSICIAN'S NAME (Type)	LELAND R	ANSOM	M.D.		63 Greene	St. Cumb	erland	l, Mary	land
23	g. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREC	60	Baplia	ETERY OR	CREMATORY	23d. LOCATION	sout	- W	(State)
24	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	0		TEB 1 0 '60		RAR'S SIGNATI	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Boord at Health priar to burial, cremotion, or removal, and in any event, within 72 haws after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL VR A1S (4) 1SM 9/59

HTARU SOLETA, SHITHER

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Yeropale	CHAIMEN ST	.23.44	
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	PARTE BOOK LE VRAUREJA CURTERLAND, ANTENDA		A SAMES

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			CERTIFICA	ATE OF DEAT		.IIMOKE, I	Reg. Dist. N	01	367
o. COUNTY	Allegany	137	MARYLAND	2. USUAL RESIDENCE (WO. STATE	here decease y land	d lived. If institution b. COUNTY	on: Residence bel		ion)
RURAL and give r	(If outside corporate limi nearest lown) Pland	ls, write	40 yrs.	c. CITY OR TOWN (IF OZ Cum	outside corpo		URAL and give n	earest town	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g 549 Nort		echanic St.	/ d. STREET ADDRESS 549 North	Mech	anic St			FARM?
NAME OF DECEASED (Type or print)	Rosa	Ann	Middle ne Braithwa	lost aite	4. DATE OF DEATH	Mani Fe			Year 19 6
sex Female	6. COLOR OR RACE White	7. MARRII		B. DATE OF BIRTH Apr. 4,18	78	9. AGE (In years lost birthdoy) 81 yrs.	Months Days	R IF UNDI Hours	Min.
d. USUAL OCCUPATE during most of wa HOUSE	rking life, even if retired	done 10b. K	Own Home	STRY 11. BIRTHPLACE (SIGN			12. CITIZEN	OF WHAT	COUNTR
B. FATHER'S NAME	Daniel Al	derto	on	14. MOTHER'S MAIDEN Mary		ent			
es, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. S		Mrs. Elmo E	vans	Addr Cumber		d.	
PART I. DE	immediate (6	e for (o), (b), fld (c).]	Hemma (arten	Juz		Z S S	TERVAL BE NSET AND	TWEEN DEATH
20g. ACCIDENT W	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT				EN IN PART 1(a)	PERFO	AUTOPSY PRMED? NO
(IF EITHER, NOTIFY 20c. TIME OF INJU Hour a.m. p. m.	G CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Day, Year 19	20d. IN. While of work	Nol while	ACE OF INJURY IHome, for clory, street, office bldg., e	m, 20f. (Cit	y or town)	(County	1)	(State
21. I certify to alive an	attended the	19 f	/ A	19 55 10 0 accurred of 4:4:4: M.D. 43 Gree		m the causes a street, city or town,		ate state	
o. BURIAL, CREMATIC REMOVAL (Specify Burial	Feb. 18,	F	22c. NAME OF CEMETERY O		22d. LOCA	TION (City, Iown, o		(Stol	e)
Tames F		i Cu	mberland. M	24a. REC	B 2 3 '60	TRAR 24b. REGIS	TRAR'S SIGNATI		

TO HOSPITAL VS A15 (4) 15M 10/57

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

James F. Scarpelli, Cumberland, Md.

Hamping and Kong teet (1999), 28 2000 for the hybrid and the size and filed	The state of the s

TO HOSPITAL

060

CERTIFICATE OF DEATH

01368

						A48. DISI. 140.	
PLACE OF DEATH	.15	MARYLAND	2. USUAL RESIDENCE (Where deceased live	d. If institution b. COUNTY	Residence before ALLE	
RURAL and give ne	outside carporate limits, write arest town)	c. LENGTH OF STAY IN 18	and the second second second		imits, write RUR	AL and give nec	arest town)
CUMBERLAN		LL DAYS		Park,	Cumb	erland	
OR INSTITUTION MEMORIAL	AL (If not in hospital, give street	oddress)	3.95 Cresa	p Drive			ON A FARM?
3. NAME OF DECEASED (Type or print)	LUCIUS C.	Middle Gary		4. DATE OF DEATH	Month FEB.	7 00	Yeor 160
S. SEX MALE	6. COLOR OR RACE 7. MARE WIDOW		3/15/1887	lo		Onths Days	Hours Min.
Retired C	N (Give kind of work done 10b. ing life, even if retired) Lergyman M	KIND OF BUSINESS OR INE	DUSTRY 11. BIRTHPLACE (SIO			U.S.	F WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Alvin. S	BRIDGERS		MARY G	COGGINS			
	If you cayo wor or deten of services	SOCIAL SECURITY NO. 17. 19-34-6540	MEMORIAL H	OSPITAL -	Address),
	TH [Enter only one couse per lin TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (0), (b), and (c).]	sender a	milit		INTE	RVAL BETWEEN
Canditions, if on	DUE TO (b) (b)	energy	el Orten	milion			
lying cause last.	(c)	0					
CAT	ER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN	I IN PART 1(0) 1	PERFORMED? YES NO V
(IF EITHER, NOTIFY A	LI CAUSE OF DEATH I	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Port t or Part II of	item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. Not while t of work	PLACE OF INJURY IHome, fo foctory, street, office bldg., e	rm, 20f. (City or to	wn)	(County)	(State)
21. I certify the olive on	of I attended the decease 19 4 1 19 4		th accurred at 1:20	8 PA Nom the ADDRESS (Street,	e causes and	d on the dat	w the deceased te stated above DATE SIGNED
	R. GEORGE SIMON		dush	bolond	m		
Burial, CREMATION Burial (Specify)	2/10/60		OR CREMATORY Burial Park	22d. LOCATION Cumbe	(City, town, or a	Md.	(Stote)
H. Wayne		berland, Mo	24a. RE	C'D BY REGISTRAR		AR'S SIGNATUR	

HEALT LELE				
W 517	guitar.			VITALITATION !
	endensere, erroren			
	A Deve street			14477.281
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	to \$1,22 Path, in the control and no			
	The Name of Street		2 7 1 7 30-03	at ANGEL

EDWARD DATE OF LEGISLATION OF THE STATE OF T

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01369 Reg. Dist. No.

PLACE OF DEA	TH	TOIT	,	2. USUA	L RESIDENCE (V	Where decease	ed lived. If Inst	itutian: Resid	ence before	admission)
AT.T.FGAT	v		MAR	YLAND 0. ST	MARYLA	IND	b. COUN	ALLE	GANY	
b. CITY OR TO	VN III autside corporate limits, wr	ite RURAL	c. LENGTH OF STAT		Y OR TOWN (II		orate limits, wri	te RURAL and	d give neare	st town)
CUMBEI			62 DAY	s 02	CUMBE	TRLAND	1			
	OSPITAL OR INSTITUTION	(If nat in hos		100	REET ADDRESS					IS RESIDENCE
SACRE	HEART HOSPIT	AL		1	424	N. MEC	HINIC S	T.		ON A FARM?
NAME OF	Fi	irst	Middle		Last	4. DATE OF	Мо	nth	Day	Year
(Type or print)	CHARL	ES	C.	BRI	GHT	DEATH	FEE		25	19 60
SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	B. DATE OF	BIRTH		9. AGE (In years lost birthday)			INDER 24 HRS.
MALE	WHITE	WIDOWE	D DIVORCED	FEB.	8, 1900)	60 yr	Months .	Days Ho	urs Min.
during most of	PATION (Give kind of work working life, even if retired)	dane 10b.	CIND OF BUSINESS OF	R INDUSTRY 11. BII	THPLACE (State	or foreign co	ountry)	12. CIT	IZEN OF WI	HAT COUNTRY?
	WORKER		CONSTRUCTI	ION I	A.		_	U	JSA	
3. FATHER'S NA	AE			14. MOTI	HER'S MAIDEN I	NAME	1774		T.	
HARR	BRIGHT (DE	CEASED)		IDA I	OUGHER	CTY (DE	CEASEI))	
5. WAS DECEAS	D EVER IN U. S. ARMED FO	of service)	SOCIAL SECURITY NO		T		Addre	16.6		
NO		1'	93-01-915	Patie	nt's C	hart,	Sacre	d Hea	rt Ho	osp.
gave rise to (a), stating cause last.	if any, which the underlying DUE TO	b) > c)	ONTRIBUTING TO DEA	TH_BUT NOT RELATI	D TO THE TERM	IINAL DISEASE	CONDITION C	GIVEN IN PAR		RFORMED?
20a. EXTERNA	r CONTRIBUTING [20b. DESCRIB	E HOW INJURY OCCU	JRRED. (Enter nature	of injury in Pot	rt I or Part II	of item 18.)		165	O NO D
	INJURY Month, Day, Year, m. 19	While		20e. PLACE OF INJ factory, street,	JRY (Hame, form affice bldg., etc	m, 20f. (City	or tawn)	(Co	unty)	(State)
1	by that I took charge of the I	causes f	Larelin	, Suicide	I an Autops , Homicide HEF MEDICAL E SISTANT MEDICAL PUTY MEDICAL	XAMINER C]. T	nd find tha
220. BURIAL, CRE	AATION, 226. DATE THERE									
	ecify)			TERY OR CREMATO	RY		CMONT			(State)
BURTA	ecify)	29, 196					THOMO	PA GISTRAR'S SIG		(State)

ST AROMITAGE OF BUILDING TO THE BATTEROUSE TO MEDICAL BY A MINISTER CERTIFICATE OF DEATH DESCRIPTION OF THE PROPERTY OF

WALL & CANADAS SANDS AND STANE

medical policy of Act of the Street West and I was

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01370

			13	73 CERTIF	-ICA	TE OF DEAT	IH		Reg. D	ist. No	. 0-	. "
1.	PLACE OF DEATH a. COUNTY Allegan	v		MARYL	AND	2. USUAL RESIDENCE (a. STATE Mary		ed lived. If institu b. COUNT	1	lleg		ian)
		f autside carporate lim earest tawn)	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If autside carp	orate limits, write	RURAL and	give ne	arest taw	1)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, of Heart Hos		address)		d. STREET ADDRESS Brant Rd		saptown				FARM?
3.	NAME OF DECEASED (Type or print)		arrie	Middle		Claytor	4. DATE OF DEATH	Ma 1	nth 2	1		Year 19 60
	Female	White	WIDOWI	- April		5-8-83		9. AGE (In years last birthday) 76 yrs	Manths		Haurs	Min.
	Housew1	ting life, even if retired) _	kind of Business or	! INDUS	Pendlet	on Co.					OUNTRY?
	FATHER'S NAME	James Bai					N NAME Ceeter					
(Y	No ,	(If yes, give war or dates of s	service)	SOCIAL SECURITY NO.		Brooks	I. Cla		esap			/ld.
		TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)	Corpetin	e h	ent foils	nge			INT	SET AND	DEATH
	Canditians, if a gave rise to i	mmediate)(caterone	le-r	tu hent	oline	are.			280.	er,
z	lying cause last.) (0	:)	muln	d	POT RELATED TO THE TEL	huse	S CONDITION C	N/FN IA I DA	07.1/.1	5110	AUTOPSY
CERTIFICATION	PART II. OTF		_						IVEN IN PA	KI I(a)	PERFC	RMED?
		MEDICAL EXAMINER)				. (Enter nature of injury						
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While at war	Nat while	fact	CE OF INJURY (Hame, fr ary, street, affice bldg.,	etc.)	ly ar tawn)		(County)		(State)
	21. I certify the	at 1 attended the		_4	death	accurred at 4 18		the causes a	nd an th		e stated	
	ACTUAL SIGNATURE	h. 182	nis	>	N	57		ne St.,			2/2	/60
200	PHYSICIAN'S NAME (Type)		ngs					and, Md				
	REMOVAL (Specify) Burial	2/4/60)F			al Burial	Pk.	Cumber	land	, M		e)
23.	H. Way	s signature ne George	. 0	cumberland	i , M		FEB 5		istrar's s			

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	nolvadam . Melezko fe		
	Allocation of the Polymer I	The Tours of the Year	ah Law 3. II

VS A1S (4) 1SM 9/S8

MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18

1374 CERTIFICATE OF DEATH

Reg. Dist. No.

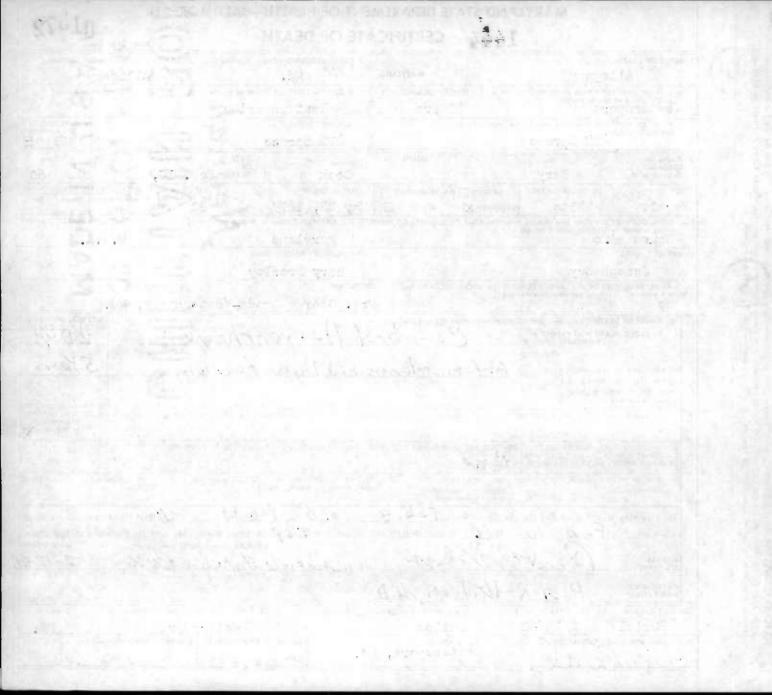
o. COUNTY									
	Allegany	y MA	RYLAND 2.	usual RESIDENCE (Maryl	here deceased and	lived. If institutio b. COUNTY	n: Residence be		sion)
RURAL ond give r		ts, write c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (IF		ate limits, write RL	JRAL ond give n	earest town	n)
OR INSTITUTION	ITAL (If nat in haspital, g		1	d. STREET ADDRESS					FARM?
3. NAME OF DECEASED (Type or print)	Jane 1		dle	Connor	4. DATE OF DEATH	Mont Februa:		,	Year 19 60
Female	6. COLOR OR RACE	7. MARRIED NEVER MAR	CED B. D	2/8/187L		9. AGE (In years last birthday) 86 yrs.	Months Days	1	Min.
0a. USUAL OCCUPATI	ION (Give kind of work or rking life, even if retired)	done 10b. KIND OF BUSINESS	OR INDUSTRY			untry)	12. CITIZEN	S.	
3. FATHER'S NAME	Charles (lonnor	1	4. MOTHER'S MAIDEN Mary Ann		AUG			
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which immediate g the under: (c)	Chron	Tural ral	ryocary arter	Hy deal	postas Degini Seri	IIN	TERVAL BENSET AND	TWEEN DEATH
PART II. OT	THER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NO	RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS	
20a. ACCIDENT W	THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	rych	0200			EN IN PART 1(0)	PERFC	AUTOPSY ORMED? NO
PART II. OT	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Yec	20b. DESCRIBE HOW INJURY	CCURRED. (F	OF INJURY (Home, far, street, office bldg., e	m, 20f. (City	II of item 18.) or town)	EN IN PART 1(o)	YES [RMED?
20a. ACCIDENT WORK OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUMENT OF	AS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Yec 19 that I attended the 29/60 Dr. James ON, 22b. DATE THEREO	20b. DESCRIBE HOW INJURY 20b. DESCRIBE HOW INJURY 20d. INJURY OCCURRED While at work of work deceased fram 12/1 19 and th C / 2 / 2	20e. PLACE factory at death ac	or inter nature of injury in or injury if the injury if the injury if the injury if injury if injury if injury if injury if injury inju	m, 20f. (City (29/60 (A Mr. address (Shine St.)	or town) 19, 19, the causes and reet, city or town,	(Count that I last so d an the da stote)	PERFO YES ()	(State

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	RAL D	shauld	
1000	TO FUNERAL DIRECTOR: After this certificate has been sign	page 3 shauld be detached for use as the burial-transit pe	
1 9	5 (4) B	

MARYLAND STAT	E DEPARTMENT	OF HEALTH—BALTIMORE,	18
1444	CERTIFICATE	OF DEATH	Reg. C

		~ 4 4						Reg. Dist.	10.	
1. PLACE OF DEATH O. COUNTY Alle	gany		MARYLA	O STATE	Md.	ere deceased	lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN (I RURAL ond give no Westernpor		ts, write	c. LENGTH OF STAY IN		town (If o		ote limits, write R	RURAL ond give	nearest to	₩n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g 122 Spruce	jive street	address)	d. STREET . 422	Spruce	•	d ell		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mary	rst	Middle	Cook	151	4. DATE OF DEATH	Feb. 10		Day	Year 1960
5. SEX Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED ED NOVER DIVORCED				9. AGE (In years last birthday) 80 yrs.	Months Doy	-	-
10a. USUAL OCCUPATION during most of work House wif	king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NOUSTRY 11. BIRTHP		or fareign co	untry)	12.CITIZEN		COUNTRY?
13. FATHER'S NAME	1-24.0		1000	14. MOTHER'	S MAIDEN N	NAME				
Joseph	n Guy			Mary	Pres!	ley				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? ervice)	SOCIAL SECURITY NO.	Mrs. Geo	rge Bi	rode-We	Add esternpo			
331X Conditions, if a gove rise to in cause (a), stating lying couse lost.	m mediote the under-	Ar	Cereb feriosclen		11				5 Ke	ous cons
ICATIC			CONTRIBUTING TO DEATH					VEN IN PART I(PERF	ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	No	CRIBE HOW INJURY OCC							
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. II While at wor	Not while	e. PLACE OF INJURY factory, street, office	(Home, form ce bldg., etc	1, 20f. (City	or town)	(Cour	nty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S	Paul R	decease 196		9, 19.60 eath accurred at	4:10 P	ADDRESS (Str			ate state	
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	2/13/60		22c. NAME OF CEMETE Philos	RY OR CREMATORY			ION (City, lown, ternport		(51)	ote)
23. FUNERAL DIRECTOR			ADDRESS Westernpart	, Md.		D BY REGISTI	RAR 24b. REG	ISTRAR'S SIGNA		Md.



TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01073

1. Pl	ACE OF DEATH COUNTY LLEGANY		1375	MARYLA		USUAL RESIDEN		ere deceased	b. COUN	ITV	Residence LEGAN		admissi	on)
b.	CITY OR TOWN (I	If autside carporate limi earest town)		ENGTH OF STAY IN		CUMBERL		outside corpor	rote limits, writ	e RUR	AL ond gi	ve negre	est town	
_		OSPITAL-MEMO	ive street oddre	WARWICK_		d. STREET ADD		A VE NUE		30	9			DENCE FARM? NO
3. N D (T	AME OF ECEASED ype or print)	JOHN	st	Middle	3.	Lost COOPE!	R	4. DATE OF DEATH		Month BRU	ARY	Day		ear 9 60
S. SI	MA LE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED			VEMBER	2. 1	910	9. AGE (In year last birthdo		UNDER 1	_	Hours	R 24 HRS. Min.
	USUAL OCCUPATION OF WORLD	ON (Give kind of work king life, even if retired	PRUDE		E INS		SYLV	ANIA	ountry)			EN OF V	WHATC	OUNTRY?
10.1		EST COOPER				MARCI			J					
	VAS DECEASED EVE				17. INFOR/	MANT			,	ND,		YLAN	D.	
NO	Conditions, if a gove rise to i couse (o), stoting lying couse last.	mmediate ()	Ly orange	H BUT NOT	RELATED TO TH	HETERMI	INAL DISEASE	E CONDITION	GIVEN) IN PART	3	WAS	AUTOPSY
CERTIFICATION	20a. ACCIDENT W	AS_UNDERLYING []	20b. DESCRIBE	HOW INJURY OCC	URRED. (En	nter noture of in	njury in I	Port I or Part	t II of item 18.					RMED?
1	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o.m. p.m.	CAUSE OF DEATH MEDICAL EXAMINER RY Month, Doy, Yes	While	Y OCCURRED 20 Not while at wark	De. PLACE (OF INJURY (Hostreet, office b	me, form	o, 20f. (City	or town)		(Co	ounty)		(State)
	21. I certify the saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	william	Pattended	the deceased fr. 19_(e.D. and th	um	accurred of ATTENDING PHYS.	10:	25 FPM ED. RECTOR			19.6 an the		stated 22b	
23a.	BURIAL, CREMATIC REMOVAL (Specify)	DN, 23b. DATE THEREC	DF 23c	. NAME OF CEMETI			1 71		TION (City, tov	vn, or o	county)	7	(Stote	;)
24. F	UNERAL DIRECTOR	12/4/60 'S SIGNATURE	IH	illcrest F	suria]		5a. REC'	D BY REGIST	RAR 25b. R	EGISTR	MAR'S SIGI	NATURE	d	177
3	Ruth E.	Silcox C	anherla.	nd b	Mamrle				60	CN	Chun S.	That	M	

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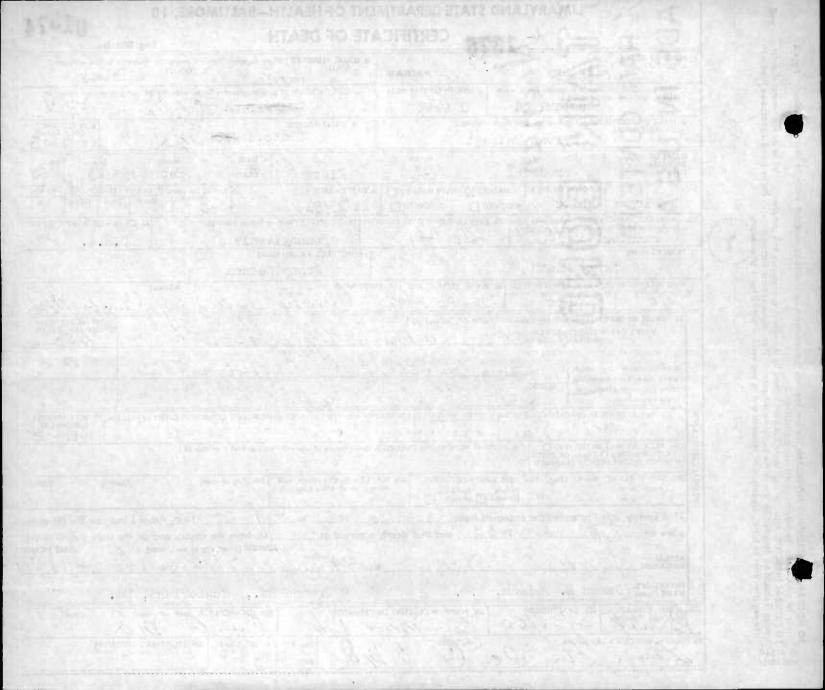
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	MARYL	13'	CERTIFIC	ATE OF DEA		IMORE, 18	teg. Dist. No.	01574
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased			
b. CITY OR TOWN (RURAL and give n	If outside corporate timit earest town Cumberlan		c. LENGTH OF STAY IN 16	c. CITY OR TOWN		ote limits, write RUR		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g Sylvan			d. STREET ADDRES	dtown 🛤	a ma	е.	IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print)	Fredri		Middle	Dietz	4. DATE OF DEATH	Month Febr	uary 23	Yeor' 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARRI	D DIVORCED	B. DATE OF BIRTH 11/23/91	9		UNDER 1 YEAR II	
100. USUAL OCCUPATION during most of wor Painte 13. FATHER'S NAME	King lite even it terned)	lone 10b.	KIND OF BUSINESS OR INDU		ylvania	intry)	U.S.A	WHAT COUNTRY
	erry Dietz R IN U. S. ARMED FORG	rvice)	50CIAL SECURITY NO. 17.	Jenn INFORMANT Kund	y Cessna	Address	C	ma
Conditions, if of gove rise to it couse (o), stoting lying couse lost.	mmediate the under- (c)	522 423 59.	Dulmona 2 Myoran 2 Chronie	deal x	estas. Leque	erakië,	ONSE	VAL BETWEEN T AND DOATH TO THE
20g. ACCIDENT W	300 Sch	ezz	ONTRIBUTING TO DEATH BU PHYLICAL RIBE HOW INJURY OCCURRI	/ Paras	cord	type)		PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yea	r 20d. IN While at work	_ Not while	ACE OF INJURY (Home, factory, street, office bldg.,	etc.) 20f. (City o	or town)	(County)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC FEMOVAL (Specify	ames E. McL	-, 19.6 3.7 ean,	Cheau	м.в. 49 Green	M, from ADDRESS (Stre	the causes and the causes are caused and the causes are caused and the causes and the causes are caused and the causes and the causes are caused and the	an the date (c) (c) (c) (d) (d) (d)	
3. FUNERAL DIRECTOR		Pur	ADDRESS		EC'D BY REGISTRA		AR'S SIGNATURE	A



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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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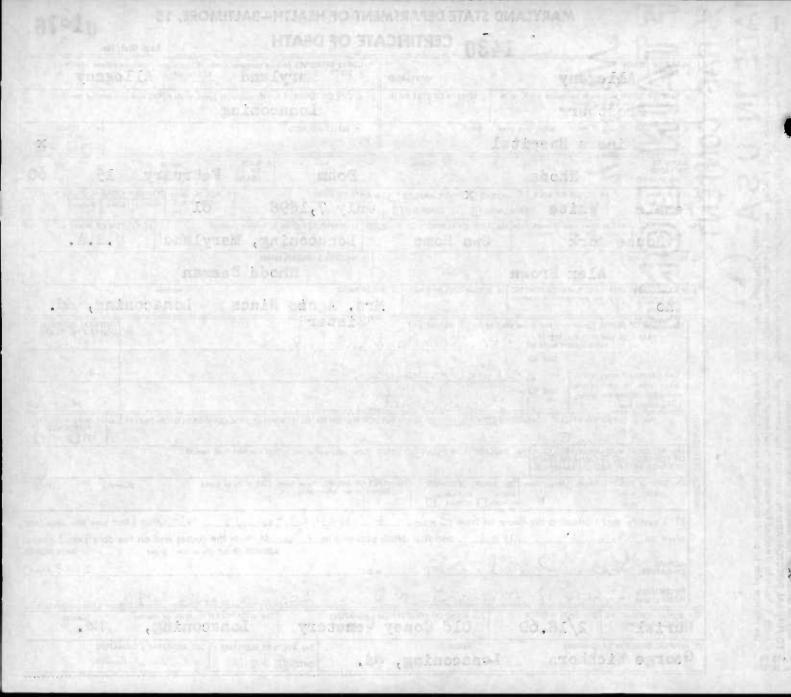
1429 CERTIFICATE OF DEATH

Reg. Dist. No.

			-									
1. PLA o. C	CE OF DEATH	egany		MARYL	AND	2. USUAL RESID	aryl	and	If institution COUNTY	Residence Alle	before odmi	ssion)
b. C	URAL ond give ne	outside corporate limit arest town) COURS	s, write	c. LENGTH OF STAY IP	V 1b			outside corporate lin	nits, write RUI	RAL ond giv	e nearest to	vn)
d. N	NAME OF HOSPITA OR INSTITUTION Miners	AL (If not in hospital, g Hospita	ive street o	oddress)		d. STREET A		mp Stre	et		ON	A FARM?
	ME OF CEASED De or print)	Jesse	st	Middle		Dohm los		4. DATE OF DEATH	Febru		°14	Yeor 60
5. SEX		6. COLOR OR RACE White	7. MARR	DIVORCED		DATE OF BIRTH		,1883 P. AG			YEAR IF UNI	
du	iring most of work	N (Give kind of work of ing life, even if retired) Mill Emp	loye	KIND OF BUSINESS OR	INDUS		coni	ng, Mar			S.A.	T COUNTRY?
1S. WA (Yes, no.	AS DECEASED EVER	R IN U. S. ARMED FORG	CES? 16. 9	SOCIAL SECURITY NO.		FORMANT aye Do	hm		Addres aconi		id.	
FICATION	o. ACCIDENT WA	mediate DUE TO (c) ER SIGNIFICANT CONI CONIC	DITIONS C	ONTRIBUTING TO DEAT	40	2 V	1'tu	shu	even	N IN PART I	PERF	AUTOPSY ORMED?
WEDICAL CE	EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yea 19 at lattended the	While of work	of work	foct	ory, street, office	, ta	20f. (City or tow 20f. (City or tow M, from the ADDRESS (Street, ci	, 19.60 causes an	that I las	date sta	(Stole) deceased led abave DATE SIGNED
N/	JRIAL, CREMATION	2/17/6	_	22c. NAME OF CEMET Oak Hill		CREMATORY		22d. LOCATION (C	City, town, or		Md ^{(Sto}	ote)
0	NERAL DIRECTOR'S	SIGNATURE		ADDRESS naconing,				D BY REGISTRAR FEB 1 9 '60	24b. REGIST	RAR'S SIGN		

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH	376
director, filed with	1430 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH O. COUNTY Adlegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss o. STATE Maryland b. COUNTY Allegany	sion)
erol be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town Lonaconing Lonaconing	n)
in by the fun ond 2 should		SIDENCE A FARM? NO
ithin 24 hai sly filled in Pages 1 on	(Type or print) Rhoda Dohm DEATH February 15	Yeor 19 60
hed with	S. SEX Female 6. COLOR OR RACE White Widowed Divorced Divorced July 7, 1898 9. AGE (In years IF UNDER 1 YEAR IF UN	Min.
ond con bon pop or death.	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Lonaconing, Maryland U.S.A. 13. FATHER'S NAME	
physician physician han the	Alex Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
ath cert ading places rem	It yes, give wor or dates of service Mrs. Agnès Nines Lonaconing, N Is. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]	FTWFFN
the atter the atter Then players	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ONSET AND 2 4	DEATH
uires tho gned by permit. in ony e	Canditions, if any, which gove rise to immediate couse (o), stating the under-	2
ysicion. ysicion. been sig	lying couse last. (c) Incumonus	AUTOPSY ORMED?
NN: The oding photograph of the core has ar remay	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO YES OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NO [
or after or after is certific use as the notion, a	20c. TIME OF INJURY Month, Day, Year Hour o. m. 20d. INJURY OCCURRED While Nat while While Not while Nat w	(State)
hospitol After the ned for i	21. I certify that I attended the deceased from 326. 4, 1960, to 365, 15, 1960 that I last saw the	
TEN by the CTOR: e detock or to but	LACTUAL COLONIA COLONI	ed above ATE SIGNED
HOSPITAL CONTRACTOR PROPERTY IN THE PROPERTY OF 3 should be seen enegistran prior to the property of the prior of the property	PHYSICIAN'S LESLIE R. MILES SR. M.D. LONGONING MD.	10166
	220. BURIAL, CREMATION, BUYLA 1 Pecify 2/18.60 21c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Md.	e)
VS A15 (4) 15M 10/57	23. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn ADDRESS Lonaconing, Md. 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEFEB 1 9 '60 Oxlun S. Kraus	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1437	CERTIFICATE	OF DEATH

		~ 101							Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY					USUAL RESIDEN	NCE (Who	ere deceased lived	. If institutio	n: Residence I	befare adm	issian)
All	egany		MARY	LAND	Mar	vla		b. COOINT	Alle	gany	
b. CITY OR TOWN (RURAL ond give n	If outside corporate limits	s, write c.	LENGTH OF STAY	IN 1b			utside corporate li	mits, write RU			wn)
Frostb	urg		I wk.	X	Zihlm	lan					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ve street add	ress)	1	d. STREET ADD	RESS				ON	ESIDENCE A FARM?
Miner	s Hospita	1		R	. D. N	0 2	Frostb	urg V	ld.	YES	NO
3. NAME OF DECEASED (Type or print)	Firs		Middle		Last		4. DATE OF DEATH	Mont	h	Day	Year
S. SEX	Edgar		Woodrow		onius			E (In years	IF UNDER 1 Y	15 FARIE UN	19 60
n. sex		WIDOWED [NEVER MARRIE		e b. 2nd			t birthday)	Months Da		7
0a. USUAL OCCUPATIO	ON (Give kind of work d			R INDUSTRY	11. BIRTHPLAC	E (State		- Andrews	12. CITIZEN	OF WHA	COUNTRY?
Labo		B	rick		Zihlm	1020			TT	CI A	
3. FATHER'S NAME			LACE	14	. MOTHER'S MA		IAME			D . A	•
	ge Donius					-	rter				
	ER IN U. S. ARMED FORCE	ES? 16. SOC	IAL SECURITY NO	INFO	THAM	10	1.14.	Addre	955 -		27.5
(Yes, no, or unknown)	(If yes, give war or dates of see	rvice)	7-10-588	26	*						g, Md.
_ Yes	World War	-			Rose	Sk	idmore,	R. D.			lman
	ATH [Enter only one cou	se per line fo	or (o), (b), and (c).	1 1	7	_	1.0	-		INTERVAL ONSET AN	
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	11	cull	10	cron	eal	liles				seek
587.0) DUE TO										
Canditions, if a	ony which)								- 7		
gove rise to i	mmediate (D)										100
couse (a), stoting	the under-								-		
lying cause lost.	, (c)									.lea	
NO PART II. OTI	HER SIGNIFICANT COND	ottions <u>con</u>	TRIBUTING TO DE	ATH BUT NOT	RELATED TO TH	HE TERMI	NAL DISEASE CON	IDITION GIVE	EN IN PART 1	o) 19. WA	ORMED?
										YES [NO X
☑ OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY O	CCURRED. (E	nter noture of in	njury in P	Part I ar Port II af	item 1B.)			
NO 20c. TIME OF INJUI	RY Month, Day, Yea	r 20d. INJU	RY OCCURRED	20e. PLACE	OF INJURY (Hor	me, form	, 20f. (City or to	wn)	(Cou	ntyl	(State)
20c. TIME OF INJUI Hour o. m. p. m.	19	While	Not while		street, office bl				,,,,,	,,	(=-=-/
₹ p. m.	19	at work	at work	7	100		10	_			
21. I certify th	nat Lattended the	deceased	fram Fel	12	_, 1960,	to_	ek 13	1964	hat I last	saw the	deceased
alive on F	eR 14	1960	and that	death ac	curred at 7	250	M, fram the				
7	. 0 —	10 /			7-		ADDRESS (Street, o				ATE SIGNED
ACTUAL	11/1 W	10/	an 1		1	-0-	Al	hall	1	-15-	-11
SIGNATURE	0011	-	wice	M.D.	/X	UL	, vuy	1110			_GU
PHYSICIAN'S NAME (Type)	WOM	La	ne 3	20							
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREO	F 27	c. NAME OF CEM	ETERY OR CR	EMATORY		22d. LOCATION	City, town, o	r county)	(5	ote)
Burial	2-17-19	960	Finzel	Camat	- 10.00		Finzel				Md.
23. FUNERAL DIRECTOR			ne Pall	Ome C	OF y 24	40. REC'I	BY REGISTRAR		TRAR'S SIGN		
7.	1. 24-11	1	Frost			FEB	25'60	Cirin	my S. The	u4	
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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		4-4-6-6-11	O FILLIUZ 10	-	011-61						
1. PLACE o. CO	OF DEATH UNTY ALLEGANY		MARYL		o. STATE	ARYLA		d lived. If institut b. COUNTY			nission)
b. CtT	Y OR TOWN (If outside corporal AL and give nearest town)	te limits, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR T	OWN (If o	utside corpo	prote limits, write	RURAL ond gi	ve nearest to	own)
	UMBERLAND		62 DAYS	X	L	ONACO	NING				
QVI	ME OF HOSPITAL (IF not in hosp EMORIAL HOSPITA EMORIAL & WARWI	L	oddress)	1	d. STREET A		STRE	ET		ON	RESIDENCE A FARM?
3. NAMI	OF	First HRISTIN	Middle		DO0		4. DATE OF DEATH	Mo FEI	nth BRUARY	Day 25	Year 19 60
5. SEX	6. COLOR OR F		RIED NEVER MARRIED DIVORCED		ATE OF BIRTH	6.788	887	9. AGE (In years lost birthdoy) 72 yrs	Months [YEAR IF UN Days Hou	
10a. USU	AL OCCUPATION (Give kind of any most of working life, even if r	work done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL		7	country)	12. CITIZ	EN OF WHA	TCOUNTRY
1	sewife	emedy	•		PEK	IN, M	D.		U.5	5.A.	
13. FATH	ER'S NAME			14	. MOTHER'S						
	JOHN DARNLEY					THERI	NE MA			400	
15. WAS (Yes, no, o	DECEASED EVER IN U. S. ARMEI unknownt (If yes, give war or do	D FORCES? 16.	SOCIAL SECURITY NO.	17, INFOR					dress		
No		N	lone	MEMO	RIAL H	OSPIT	AL	CUMB	ERLAND	MARY	LAND
go cou lyir	nditions, if ony, which	UE TO (b) AUT (c) MYC (CONDITIONS	left	rosis	ion & cor	onary	arte	E CONDITION GI	VEN IN PART	PER	
CERTIFE SOG	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DITHER, NOTIFY MEDICAL EXAMI	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture o	f injury in	Port I or Po	rt II of item 18.)	er ur op	10 }	
WEDICAL 20c.	TIME OF INJURY Month, Doy Hour o.m. p.m.	While		20e. PLACE foctory	OF INJURY (I street, office	Home, form bldg., etc	20f. (Cit	y or town)	(Ce	ounty)	(Stote
saw	certify that (I) (this has	01001	ded the deceased f	ram hat deat	12/ h accurred	25/19 8:1	59 ta_ 64, PMm	2/25/ the causes a	, 19_61 nd an the	O, that (I date stat	ed abave
	SIGNATURE COLLEGE	beck	m ZD	M.D.	-		ED. RECTOR [STAFF PHYS.	2,	/27/60	22b. DATE SIGNE
	PHÝSICIAN'S NAME (Type)	AXXXANX	cobson, M.	D.	50 P		ng St	. Cumbe	erland.	Md.	
REM	tal, CREMATION. 23b. DATE TO POPUL (Specify)	29,1 9 6	23c. NAME OF CEMET O St. Mar	ys C	emete:		Lona	TION (City, town,	, Mary	yland	Stote)
24, FUNE	RAL DIRECTOR'S SIGNATURE		ADDRESS		,		D BY REGIS		ISTRAR'S SIG		
Geo:	rge Eichhorn	Lona	coning, Ma	ryla	na	DATE M	AR 1	60	Lithur S.	Krana	

25011 INAME OF BEAUTIFIED AND STREET prefered the control of the second the control of three lightly will need man, and their states I director, filed with

funerol pe should

0

Retired Engineer

ROBERT EDWARDS

13. FATHER'S NAME

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CEDTIEICATE OF DEATH

		1279	CERTIFICA	TE OF DEATH						
1. PLACE OF DEATH g. COUNTY	ALLEGANY	2010	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYL		d lived. If instituti b. COUNTY		nce befor		ion)
b. CITY OR TOWN RURAL and give CUMBERL	(If outside corporate liminearest town) AND	its, write c.	6 DAYS	c. CITY OR TOWN (IF C	RLAND	rote limits, write R	URAL and	give nec	rest town)
	MEMORIAL H		d, STREET ADDRESS R.F.D. #4, e. IS RESIDENC ON A FARM YES NO							
3. NAME OF DECEASED (Type or print)	STE	PHEN	Middle R•	EDWARDS	4. DATE OF DEATH	FEBR	RUARY	Do 2	,	Yeor 19 60 •
S. SEX MALE	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH JANUARY 8,1	877	9. AGE (In years lost birthdoy) 3 yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPAT during most of we Retired F	orking life, even if retired)	of Business OR INDI	JSTRY 11. BIRTHPLACE (Stote			12.CI		S. A.	OUNTRY?

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service		7. INFORMANT		Address	
nit		MEMORIAL	HOSPITAL	- CUMBERLAND	, MD.
1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	no Va	enlar (lees dent	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	Skumly		A .	· Cualo Vas	le fray.

14. MOTHER'S MAIDEN NAME

MARGARET GODDARD

B. & O. Railroad

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc. 0. m. While Nat while p. m. ot work of work

21. I certify that (I) (this haspital) attended the deceased fram. and the death accurred a 8:15MM ram the causes and an the date stated abave. saw the deceased alive an

22o. SIGNATUI 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. [2/4/60 M.D. 22c. PHYSICIAN

O. HIMMELWRIGHT 133 VIRGINIA AVE., CUMBERLAND, MD. DR. G. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)

REMOVAL (Specify) 2/5/60 Hilcrest Burial 24. FUNERAL DIRECTOR'S SIGNATURE John J. Hafer, Cumberland, Maryland

Cumberland, Maryland 256. REGISTRAR'S SIGNATURE 250. RECEDEN PEGISTRAP DATE

PERFORMED?

YES NO

VR A15 (4) 1SM 9/59

\$74 TH W. 12 ... 13.402.1.14 SERVICE CORRECT CONTROL MERREYO the limit were the continue of the present the late. COMMENT THERMS . OF . OCAJESONIA - CATEGOOD LAISONE. NO. The A line to the state of the state of the state of Linci Built New Colon Line OR. THE EXPLOSION THE LOSS WHITE AVE., CHECKLISH, AD. data J. Barer, Contestant, Carrier Contestant, Mar Land M

death. Poge 4

ITTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A15 (4) 15M 10/57

MARYLAND STAT			-BALTIMORE,	18
1442	CEDTIEICATE	OF DEATH		

CERTIFICATE OF DEATH

		CERTIFIC	SAIE OF DEAL	П	Reg. Dis	it. No.	
1. PLACE OF DEATH COUNTY Allegan	У	MARYLANI	2. USUAL RESIDENCE (V	Where deceased lived.		egany	ion)
b. CITY OR TOWN (If outside cor RURAL and give registions)	porate limits, write	c. LENGTH OF STAY IN 11		outside corporate limit	s, write RURAL and g	give nearest town	1)
d. NAME OF HOSPITAL (IF not in OR INSTITUTION Doug.	hospitol, give street of las Avent	ddress) 1 e	d. STREET ADDRESS	ouglas Av	enue		IDENCE FARM?
	eorge	Middle L.	Eichhorn	4. DATE OF DEATH F	ebruary		1960
Male Wh	ite WIDOWEL		October 2			Days Hours	Min.
10a. USUAL OCCUPATION (Give kinduring most of working life every partial parti	d of work done 10b. K	IND OF BUSINESS OR IN		re or foreign country)		U.S.A.	COUNTRY
	t Eichhor		14. MOTHER'S MAIDEN	ricka Sch	affer		
15. WAS DECEASED EVER IN U. S. A (Yes, no, or unknown) (If yes, give was	RMED FORCES? 16. So r or dates of service)	И	Informant Irs. August		Lonac	oning,	Md.
1B. CAUSE OF DEATH [Enter of PART I. DEATH WAS CA IMMEDIATE		for (o). (b). and (c).]	Daughter in	Law"	iency	INTERVAL BE ONSET AND 24	
Conditions, if any, which gove rise to immediate couse (a), stating the <u>under-lying</u> couse lost.	(b) Co	tenosch	posis		0	year	۵
	(c) CANT CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN PART	PERFO	RMED?
	DE DEATH	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part 1 or Port II al ile	m 18.)		
20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d, INI While of work	Not while	PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (City or town	(C	ounty)	(Stote)
21. I certify that I attendative an Head	13		1, 1960, to the occurred at 100	Jeo. 18. JMM, from the c ADDRESS (Street, city	auses and on th	e date state	
PHYSICIAN'S LESLIE	R. MILI	ES JR. M.		ALM ST	MD.	2.2	0.60
220. BURIAL, CREMATION, 22b. DA		22c. NAME OF CEMETERY Memorial	or crematory Park	22d. LOCATION (Cit	y, town, ar county)	Md. (Stote)
23. FUNERAL DIRECTOR'S SIGNATUR George Eichho		address naconing,		EB 2 3 '60	4b. REGISTRAR'S SIG		

	IN STATE DEPART	MARYMAN
CATE OF DEATH		
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I summer salated	y sum	WA as Lyncil
Tielderin Committee 12 (C)		611-60
Chronoder 21,3309 Treatment and control	Clare of High	
		rechiel terrices
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	LA COUNTY	oi\ts\s laster
	Long content,	From All Ashrail

Comps Cemeterv

ADDRESS

Hyndman, Pa.

Feb. 11, 1960

ERAL DIRECTOR'S SIGNATURE

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e. IS RESIDENCE

Year

Hours

hrs

hrs.

PERFORMED?

DATE SIGNED

(Stote)

Hvndman, Pa. Somerset

24b. REGISTRAR'S SIGNATURE

arthur & fr.

240. REC'D BY REGISTRAR

DATE

FEB 1 5 '60

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(Slole)

1950

Min.

ON A FARM? YES NO

VS. A15ME(5) 5M 9/55

TO HOSPITAL

VS A15 (4) 15M 10/57

1439 CERTIFICATE OF DEATH

Rea. Dist. No

1		PLACE OF DEATH				2. USUAL RESIDENCE (W	here deceased li	ved. If institution	n. Residenc	e before odmi	sion)
	3	o. COUNTY AL	legany		MARYLAND	o. STATE Marv		b. COUNTY		gany	
	- 50	b. CITY OR TOWN (I RURAL ond give ne Frostbur	foutside corporate limite orest town)	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate				/n)
			Miners H			d. STREET ADDRESS		<u> </u>		ON	SIDENCE A FARM?
		NAME OF DECEASED (Type or print)	dilber		C. Emer	ick	4. DATE OF DEATH	Febrar		21,196	Yeor Qo
		ale	11111-1-	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Oct.25,188	37 9.	AGE (In years lost birthdoy) yrs.		YEAR IF UND Days Hours	ER 24 HRS. Min.
).	100	MINER MORE	N (Give kind of wark ding life, even if retired)	one 10b. I	CIND OF BUSINESS OR INDU Mining	STRY 11. BIRTHPLACE (Slove Fairho)		try)	12. CITI	ZEN OF WHA	T COUNTRY
	13.	FATHER'S NAME	lex Emeri	ck		14. MOTHER'S MAIDEN					
	15. {Ye		R IN U. S. ARMED FORCE If yes, give wor or dates of ser	vice)	17-20-1050	Mrs. Mary	7 Emeri	Addr		vage.	Md
0	CERTIFICATION	Conditions, if or gove rise to ir couse (o), stoting lying couse lost. PART II. OTH	the under: DUE TO (c). ER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEATH BUT		INAL DISEASE C	ONDITION GIVI	EN IN PART	1(o) 19. WAS PERFO	D DEATH
	MEDICAL CERTI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o.m. p. m.	MEDICAL EXAMINER)	20d. IN	JURY OCCURRED JURY OCCURRED Not white of work	Definite nature of injury in ACE OF INJURY (Home, formationy, street office bldg., etc.)	n, 20f. (City or		(Co	ounty)	(State)
		21. I certify the alive on	at I attended the EB: 21	196	of from PLN to and that death and the few in the second se	occurred at 3130	AM, from t ADDRESS (Stree	he causes a t, city or town, s	nd an the	e date stat	deceased ed above ATE SIGNED
	I	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Feb.24		22c. NAME OF CEMETERY O		22d. LOCATIO	N (City, town, a	r county)	arylar	-
	23.	FUNERAL DIRECTOR'S	SIGNATURE / QUE	les	ADDRESS Hyndman, Pa		D BY REGISTRALE B 2 5 160		trar's sign		

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		Carrente.	
		Special special and	COLUMN COLUMN TO SERVICE A
	Harton Control		
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		THE RESERVE OF ALL PARTY OF THE PARTY.	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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or removal.

VS. A15ME(5) 5M 9/55

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		U	-	J	O	1
Reg.	Dist.	No.				

	1. PLACE OF DEATH a. COUNTY	egany	1381	MARYLAND	2. USUAL RESIDEN			ulion: Residence		ission)
		outside corporate limits, write	RURAL c. LENGTH C	OF STAY IN 16		VN (If outside corp	porote limits, write	RURAL and giv	e nearest to	wn)
060		AL OR INSTITUTION (I	f not in hospital, give stree		d. STREET ADDR	eymour S	Street		ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Nora.		me r son	Lost	4. DATE OF DEATH	Mani	h D 25, 10 85		'ear 960
	5. SEX		7. MARRIED NEVER		DATE OF BIRTH	. 1885	9. AGE (In years lost birthday) 74 yrs.	IFUNDER TYE	AR IF UND	ER 24 HRS. Min.
1			done 10b. KIND OF BUSIN			(State or foreign o	ountry)	12. CITIZEN		COUNTRY
	13. FATHER'S NAME Henry I				14. MOTHER'S MAII		enns.		SA	
	15. WAS DECEASED EV (Yes, no, or unknown)	A CONTRACTOR OF THE PARTY OF TH			FORMANT C. Micha		Address V 4I8 S	Seymour	Q+	
	18. CAUSE OF DEAT	TH (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line for (o), (b), and	d (c).]	LUSION,		y 1 10 t	10	NET AND DE	Hrs.
	Conditions, if an gove rise to immed (a), stating the scale couse lost.	ny, which (b)	CORO	NARY T	HROMBOSI	S			8-10	Hrs
2	CATIC	ER SIGNIFICANT CONI	DITIONS CONTRIBUTING TEMA C 1	ation.	marked			VEN IN PART 1(a	19. WAS PERFO YES	AUTOPSY PRMED?
	20g. EXTERNAL CAL PRIMARY or CON CAUSE OF DEATH.	AIKIBUTING LI	b. DESCRIBE HOW INJURY							
	Hour a.m.	19	While NoI whi	ile facto	E OF INJURY (Home ry, street, office bldg	j., etc.)	or fown)	(County)		(State)
			of the remains descauses X, Accide		ide [], Homi	icide 🔲, Ur	nspection 🔀		and DATE:	
2	SIGNATURE EXAMINER'S	ENEDICT S	SK Tarell	MD	ASSISTANT N	CAL EXAMINER [] MEDICAL EXAMINE MICAL EXAMINER 1	_	25. 19	960	
	220. BURIAL CREMATIO REMOVAL (Specify) Burial		F 22c. NAME OF	CEMETERY OR			ion (City, town, berland	or county)	(Stal	e)
of	23. FUNERAL DIRECTOR James F.		li Cumberl	and, Md.	24a.	FEB 2 9		Istrar's signa		

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			Disease 6	effections (1994)	
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death. Poge 4

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH I, MARYLAND

			RECORDS - BALTIMORE
	1433	CERTIFICATI	E OF DEATH
OF DEATH	- 100		IISHAL PESIDENCE /Where dece

PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	J
	Allegany	MARYLAND	Maryland Allegany	
b. CITY OR TOWN (III RURAL and give ne Frostb	TOTAL CO. T. C.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Mt. Savage	
OR INSTITUTION	AL (If not in hospital, give stress Hospital		d. STREET ADDRESS e. IS RESIDER ON A FAI YES \(\) No	RM?
3. NAME OF DECEASED (Type or print)	First Anna	Middle	Fannon 4. DATE OF OF DEATH February 21st. 196	1-
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2	
Male	White wood	OWED DIVORCED	Nov. 15th, 1880 dast birthday) Manths Days Haurs	Min.
during mast of wark Housewor.	ng life, even if retired)	ob. KIND OF BUSINESS OR INDU	ustry 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY USA USA	NTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	200
Patrick	H. Farrell		Sarah Conlin	
	IN U. S. ARMED FORCES? If yes, give wor or dates of service)		INFORMANT Address frs.Daniel Williams, Mt. Savage, Md.	
Canditians, if ar gave rise ta ir cause (a), slating lying cause last.	the <u>under-</u> DUE TO (c)			
PART II. OTH	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT- PERFORME YES N	ED?
	S UNDERLYING 1 206. 1 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I ar Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	W W		PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) factory, street, affice bldg, etc.)	(State)
	t (I) (this haspital) atte	ended the deceased fram.	death accurred at ILM, from the causes and an the date stated at 226.07	bave.
22c. PHYSICIAN'S	x businote	hatein he		IGNED
NAME (Type)		Rothstein	" 48 Broadway, Frostburg, Md.	
23a. BURIAL, CREMATION Burial Burial	2-25-60		's Cemetery Mt. Savage, Md.	
24. FUNERAL DIRECTOR		ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Joseph F	l. Durst, I	Frostburg, Md	. DATEFEB 2 5 '60 aring S. Trans	- 1

casavas til in stilli letratili M. sending W. sender of Ad. T. and Marketine . Restlement M. death. Page 4

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

VS A15 (4) 15M 10/57

TARIBATIO STATE DEL ARTIMENT OF TEACHT DALIMORE, TO	ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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1434 CERTIFICATE OF DEATH

Reg. Dist. No.

								Reg. Dist. 1	40.
1. PLACE OF DEATH o. COUNTY					USUAL RESIDENCE	E (Where decease	ed lived. If institut		efore admission)
	llegany		MARYLA	AND		land	B. CO01411	Alleg	anv
b. CITY OR TOWN RURAL and give	(If outside corporate limits	, write	LENGTH OF STAY IN	ч 16	c. CITY OR TOWN	(If outside corp	prote limits, write	RURAL ond give	nearest town)
777	stburg) ×	Long	coning			
d. NAME OF HOSP	ITAL (If not in hospital, giv	re street od	ldress)	- 1	d. STREET ADDRE				e. IS RESIDENCE
OR INSTITUTION	1			1					ON A FARM?
	iners Hospi				Washin	gton,	ST,		YES NO
3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Mo	enth	Day Year
(Type or print)	JANE		T. F	AZEN	BAKER	DEATH	2/1	/1960	19
5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HRS.
Female	White	WIDOWED	DIVORCED		122/100	7	last birthdoy)		rs Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work de			INDUSTRY	11 RIPTHPLACE	State or foreign			OF WHAT COUNTRY?
during most of wo	rking life, even if refired)		Or 000111205 OK					iz. Cilizzi	OF WIND COUNTRY
	sewife				Lonac	oning,	MD.	US	.A.
13. FATHER'S NAME				14	. MOTHER'S MAIL	DEN NAME			
Ge	eorge McCor	rmick			Lora	Fazenb	aker		
15. WAS DECEASED EV	ER IN U. S. ARMED FORC	ES? 16. SC	CIAL SECURITY NO.	17. INFO	MANT		Ade	dress	
No.	(IT yes, give war or dates of ser	vice)	Mone	CI		Formal	-1	T	3/17
	ATH [Enter only one cou	e per line	None		arence		aker	Lonaco	
	ATH WAS CAUSED BY:	se per line	101 (0), (0), and (c).	00	/ Hu	sband)	0		NTERVAL BETWEEN
	IMMEDIATE CAUSE (0)_	1 1	vegr	-Ca	CC !	lis 1/	the	ugy	10 3 Cla
4/5×	DUE TO		1. (1+		/	. 1	,		
Conditions, if	ony, which)	ac	いしから	64	0/	thou	mati	c les	105
gove rise to					1			1	
tying couse lost	The under-				1				
		ITIONS CO	NITRIBUTING TO DEAT	U BUT NOT	BELATED TO THE	TERMINAL DISEAS	E COMPITION C		Jan was autoney
E 7	THER SIGNIFICANT COND		4		KELATED TO THE	EKMINAL DISEA	SE CONDITION GI	VEN IN PART I(O	PERFORMED?
5 / / /	os pr	-	monic						YES NO
	AS UNDERLYING 2 G CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCR	IBE HOW INJURY OCC	CURRED. (E	nter nature of inju	ry in Port 1 or Pa	rt II of item 1B.)		
20c. TIME OF INJU	IRY Month, Day, Year	20d. INJ	URY OCCURRED 20	0e. PLACE	OF INJURY (Home,	form, 20f. (Cit	y or lown)	(Coun	ty) (Stote)
Hour o. m.	10	While	_ Not while _ ;	factory.	street, office bldg	., etc.)	about the late	(000)	(5.0.0)
₹ p. m.		or work	at work		10				
21. I certify t	hat I attended the d	deceased	From A	٧	, 1960, to	-202	, 19	,that I last	saw the deceased
alive on_S	10	, 19 6	and that d	leath oc	curred at //	30			date stated above.
			. /	1			treet, city or town,		DATE SIGNED
ACTUAL SIGNATURE	least	>0	1/000	2 his	27,	Mai	4.54	600	19604,41
SIGNATURE	70	-		M.D.			7.7		
PHYSICIAN'S NAME (Type)	Jeor	pe	Vasi	4					U
220. BURIAL, CREMATI		7	22c. NAME OF CEMETE	ERY OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
REMOVAL (Specify	2/4/196	0	Ool- Hann	0			naconi		
23. FUNERAL DIRECTO			ADDRESS	- cem	etery 240	REC'D BY REGIS		ISTRAR'S SIGNAT	
				0 15			The state of	ISTRAK S SIGNA	IONE
GEORGE	EICHHORN,		<u>LONACONIN</u>	G, M	DATI	FEB 5 16	0 C	Ilua 9 5	

		J. PILARI IC.		27	
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Lowership		HELD TONOTE	Til cutoff		
		Abus besal .			
w —	GO HTM	0.1	NOT LITTLE		

ADDRESS

Frostburg, Md.

24b. REGISTRAR'S SIGNATURE

Cuchant S. Thouse

24a. RECIDIBY REGISTRAR

DATE

page 0 VS A15 (4) 15M 10/57

Buria

23. FUNERAL DIRECTOR'S SIGNATURE

Joseph R. Durst,

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MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORE 18	
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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1000	CERTIFICATE	OF DEATH
1383	CERTIFICATE	OF DEAT

Rea.	Dist.	No.

Y			10	199 CEKIIIIC	AIL OI L	LAII			Reg	g. Dist. No.	
	PLACE OF DEATH a. COUNTY	ocent		MARYLAND	o. STATE	DENCE (W		d lived. If in b. COL	JNTY	lagara	odmission)
7		egany (If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	+	- Alma		rote limits, w		Legany and give neares	t town)
ı	RURAL and give n	nearest town)									
H	d. NAME OF HOSPI	TAL (If not in hospitot, o	ive street	13 days	d. STREET A	nberl	anu			e. I	S RESIDENCE
	OR INSTITUTION	17			1		C+				ON A FARM?
-	NAME OF	eart Hospit		Middle		Lee	4. DATE				
Î	DECEASED (Type or print)				Los This also		OF DEATH		Month	Day	Year
	S. SEX	Doro		Ann NEVER MARRIED	B. DATE OF BIRT		DEATH	O ACE IIa	Feb.	NDER 1 YEAR IF	1960
	***				0 /F /3 0			9. AGE (In)	day) Mon	7	ours Min.
	F'emale	White	WIDOW		0/5/19	ACE ISANA	as fassion a	40	yrs.	2. CITIZEN OF W	HATCOUNTRYS
	during most of war	rking life, even if retired)	KIND OF BUSINESS OR IND					14		
	Housewi.	ı e		Own home	-		and,	Ma.		U.S.A	
	3. FATHER'S NAME			1	14. MOTHER'S						
		onzo Chorpe			Elea	nor D	ecker		A 11-		
	(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	INFORMANT			0	Address	Cumb.	Md.
	No,			W	illiam	J. F.	ısner	Sr.	29 N.	. Lee :	St.,
		ATH [Enter only one co	use per li	ne far (a), (b), and (c).]						ONSET	AND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 0	lepalu	coma	/				3	days
	170 X	DUE TO	1	1 1 1 -			•	0		0	
	Conditions, if		m	Mastalie	care	in	ma	from	n	61	mo.
	gave rise to couse (a), stoting		,		/	14	- /		p	110	1/2 m
	lying cause last.	, ,		arenon	a of my	gui	1	eas	L	1/0	10110
	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED 16	THETERM	INAL DISEAS	E CONDITIO	N GIVEN IN		WAS AUTOPSY PERFORMED?
i	L DO ACCIDENT	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURE	ED. (Enter noture o	f injury in	Part 1 or Par	t II of item 1	B.)		
1	OR CONTRIBUTING	G CAUSE OF DEATH									
	20c. TIME OF INJU	RY Month, Doy, Ye	ar 20d. II		LACE OF INJURY			or town)		(County)	(State)
	20c. TIME OF INJU Hour a. m. p. m.	19	While of war	Not while	octory, street, office	e blag., etc	5.)				
		L L		2/12	1959	A ==	2//	10	Vinu .		
		hat pattended the					24.5			I last saw t	
	alive an	7	, 12.9	ond that deal	n accurred at	_ <u> </u>		tne cause treet, city or			DATE SIGNED
	ACTUAL SIGNATURE	1	7	de in	Α.	lann	quin		,,		2/2/4
	SIGNATURE 7	rowing	1-	veuv-	_M.DA	1 y o n	quin	Horel			1 160
	PHYSICIAN'S NAME (Type)	Thomas F.	Lew	is M.D.	С	umbe	rland	, Md.			
100	220. BURIAL, CREMATIO	ON, 22b. DATE THEREC	OF .	22c. NAME OF CEMETERY	OR CREMATORY		-	TION (City, I		unty)	(State)
	Burial Specify			SS. Peter	& Paul*	S		berla		Md.	
2	3. FUNERAL DIRECTOR		Cum	berland. Md		24a. REC	D BY REGIS			S'S SIGNATURE	
	II. Wayu	e George	Cum	belland, Ma	•	DATE	ד עו	0	Chilling	S. Kraus	

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	ADD Visco Indicates		
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r death. Page 4

VR A15 (4) 15M 9/59

MA	RYLAND	STATE	DEP	ARTMEN	TV	OF	HE/	LTH	
DIVISION OF	STATISTICAL	RESEARCH	AND	RECORDS -	- B/	ALTIM	ORE	I, MARY	LAN
•									

138 CERTIFICATE OF DEATH

01389	
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1. PLACE OF DEATH O. COUNTY EGANY	Ý		9-G-A	MARYLAND	2. 4	MARYL	ENCE (Wh	ere decease	d lived. If in b. CO	UNTY	n: Resider		re admissi	ion)
b. CITY OR TOWN (IF RURAL ond give ned CUMBERLA	rest town)	ts, write	c. LENGTH	OF STAY IN 16	X	,	ON I NO		prote limits, w	rite RU	JRAL ond	give nec	arest town)
d. NAME OF HOSPITA OR INSTITUTION				AVE	5. /	d. STREET AL	DDRESS	FE STE	REET					PARM?
3. NAME OF DECEASED (Type or print)	Fi	st		Middle		Last		4. DATE OF DEATH		Mant		Do	,	rear
5. SEX	6. COLOR OR RACE	7. MARR	_	ER MARRIED	8. DA	FOOTE	_		9. AGE (In last birth	BRU/ years day)	IF UNDER	Doys		R 24 HRS. Min.
MALE	WHITE	WIDOWE	ded	DIVORCED [RCH 12	, 18		67	yrs.				
COAL MI	ng life, even if retired	done 10b.	KIND OF BU	JSINESS OR INC		LONA	CONI	NG, MA	RYLAND			S.A	F WHAT C	OUNTRY?
13. FATHER'S NAME					14.	MOTHER'S	MAIDEN	NAME						
FEL	IX FOOTE				- 1	SAR	AH WE	RIGHT						
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SEC	URITY NO. 17	INFORM	MANT				Addr	ess			
(res, no, or onknown)	yes, give war or dates or :	21	4-01	-3561	MEMO	RIAL	IOSP 17	TAI.	CUMBER	1 A I S	ND N	ARY	AND.	
18. CAUSE OF DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (c		144									INT	ERVAL BE SET AND	
Sad of Canditions, if on	DUE TO			any to	cil		-						2 we	ek.
gove rise to im couse (o), stating th	mediote (REPLAN	2	300	con	Y		50 SF					
lying couse lost.) (4)												-11
PART II. OTHI	er significant con	DITIONS C	ONTRIBUTII	NG TO DEATH 8	BUT NOT	RELATED TO	THE TERMI	INAL DISEAS	SE CONDITIO	N GIV	EN IN PAI	RT 1(a) 1	PERFO	RMED?
	CAUSE OF DEATH	20b. DES	CRIBE HOW	INJURY OCCUR	RRED. (En	iter noture of	injury in I	Port 1 or Po	rt II of item 1	8.)			1919	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. It While of work	NJURY OCCI Not w k all wor	hile		OF INJURY (F street, office			y or town)			(Caunty)		(State)
21. I certify that		10	4 .	eceased fran					Feb					
saw the decease 220. SIGNATURE	a dive dn/_	n	00	20, and that	M.D.	ATTENDING	iM	ED.	STAFF	es an	d an th	e date		DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	DR. D. H.	MILLE	R.	1110	(M.D.	PHYS. 22d. ADDRE		RECTOR L	PHYS. L.	3				
23a. BURIAL, CREMATION	, 23b. DATE THERE	OF .	23c. NAM	E OF CEMETERY	-				ATION (City,			203	(Stat	e)
Burlal Specify)	2/19/6	U	Uak	Hill	Cem	etry		Lon	aconi	ng	2	Md	•	
24. FUNERAL DIRECTOR'S George E		L	onaco	oning,	Md.		250. REC' DATE	EB 1 9	5TRAR 25b.		rthun			

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		.994	98. D. H. C. 98.
	nincosmol systems	Till You	35(11/5) taining
	7 40 27-41b	Longconkin,	mannett arrow

29 9,4

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01390

Rea. Dist. No.

- 2													
1	1. PLACE OF DEATH	-	1300				DENCE (V	Vhere decease	ed lived. If Institu		nce befo	ore odmi	usion)
	ALTEGA			MARYL	AND	o. STATE	N	TARYLAN	D b. COUNT		ALL	EGAN	Y
	b. CITY OR TOWN III and give rearest fown	autside corparate limits, writ	• RURAL	c. LENGTH OF STAY IN	116	c. CITY OR	TOWN (If	outside corp	orate limits, write	RURAL ond	give ne	earest to	wn)
	CUMBERLA	MD		21 DAYS		02	CUM	BERLAN	ID.				
2	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	spital, give street address)		d. STREET A	DDRESS						ESIDENCE A FARM?
4		HEART HOSP	TTAL			10	9 PAF	RK ST.					NO X
	3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF	Month		Day	Y	ear
	(Type or print)	AIO	Partie de	LOUISE		FRALEY		DEATH	FER	-	21	1	9 60
1	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE In years last birthday	IF UNDER Months	1YEAR Days	Hours	ER 24 HRS. Min.
1	FEMALE	WHITE	WIDOWE	DIVORCED	3	5/10/18	86		73 ym.	Monnis	Joys	HOUR	min.
1	10a. USUAL OCCUPATIO	ON (Give kind of work g life, even if retired)	done 10b. 1	CIND OF BUSINESS OR IN	NDUSTR	Y 11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
1	HOUSEWIFE		0 W	in home		MAR	YLAND	, Cur	nberlan	d [J. :	S. A	4.
1	13. FATHER'S NAME				71	14. MOTHER'S	MAIDEN N	AME					
ı	JOHN GER		EASED'		44	Alm	ira	Long					
	15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		1.55	Address	(Cuml	b. I	Vd.
	No.			None	Wa	lter A	. Fr	aley	306 Cui	mberl	and	d, St	t.,
1		TH [Enter only one can	se per line	for (o), (b), and (c).]							INTER	VAL BETWE	EN
1	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Contusi	on	of bra	in				2:	0 1	ays
4	900.	O DUE TO			-			- Bold				10	
1	Conditions, if a			Skull f	rac	cture					2	2 d:	ays
	gave rise to immed (a), sloting the		NOVE:										
1	cause lost.) (c)											
1	PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19	PERFO	AUTOPSY RMED?
ı	CAT										Y	ES 🗌	NO 🔼
	PART II. OTH	USE WAS TRIBUTING IT	b. DESCRIB	E HOW INJURY OCCURR	ED. (Er	iter nature of inj	ury in Parl	or Port II	of item 18.)				
			Fe	ll down fi	ve	stens	str	ikina	head o	n co	ncr	ete	
1	20c. TIME OF INJUST	Month, Day, Ye		INJURY OCCURRED 200	. PLAC	E OF INJURY (H	ome, form	, 120f. (City	or town)	(Cov			(Stote)
	2 · 30 p.m.	Jan. 30 19	60 of wo	e NoI while ork of work		ome	alogi, old	Cu	mberlan	d,Al	leg	. M	d.
1	21. I certify th	at I taok charge	af the I	remains described	abov	e, held an	Autaps	y 🔲, In	spection V.	Inquir	y 17.	and f	find that
ı				, Accident ,									
1	/	7	Va										
1	ACTUAL SIGNATURE	redut	16%	Tarelin		M.D. CHIEF MI	EDICAL EX	AMINER -				DATE \$	IGNED
	8					ASSISTAN	NT MEDIC	AL EXAMINER					
1	EXAMINER'S NAME (Type)	Benedic	t Skl	tarelic,	M . 1	D. DEPUTY	MEDICAL	EXAMINER [X Febru	ary	21,	19	60
	220. BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEMETER	Y OR	CREMATORY		22d. LOCAT	ION (City, town, o	or county)		(Stote	B)
1	Burial (Specify)	2/24/6	0	SS. Peter	E	Paul's		Cuml	berland	, Md.			
	23. FUNERAL DIRECTOR		0	ADDRESS				D BY REGISTR					
	H. Wayne	George	Cumb	perland, M	d.		DATEFE	B 2 3 '60	(Cal	hun S.	Traces	L	

TO DEPUTY VS. A15ME(5) 5M 9/55

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	Carlotte Harrist			
		C. T. T. C. C. L. C. C.	SVL SELLE	
		THE PROPERTY AND		
The second of th		I apple I		\

25b. REGISTRAR'S SIGNATURE

Cither S. Kraus

25a. REC'D BY REGISTRAR

DATEFEB 2 3 '60

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MARYLAND b. COUNTY ALLEGANY

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)

CUMBERLAND

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1386 CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

3 DAYS

	4		1		
	director,	filed with	1	NA.)
	the funera	shauld be	-		1/
	led in by	s J and 2	h.		166
	pletely fil	ers. Page:	ofter deal		
	and cam	rbon pape	72 hours	1	1
	physician	remore co	en within)
	attending	en please	d in any ev		
	ned by the	ermit. Th	moval, one		
hysician.	s been sig	al-transit p	tian, ar re		0
thending p	tificate ha	s the buric	ial, crema		
spital ar a	er this cer	for use o	rior to bur		
by the hos	CTOR: Aft	e detached	if Health p		
may be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physi <u>cion</u> and campletely filled in by the funeral director,	shauld be	the State Board of Health prior to burial, crematian, ar removal, and in any event within 72 haurs offer death.		1
may be	TO FUNE	page 3	the Sta		

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VR A1S (4) 1SM 9/59 1. PLACE OF DEATH
G. COUNTY ALLEGANY

24. FUNERAL DIRECTOR'S SIGNATURE

H. Wayne George

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBER LAND

	NAME OF DECEASED (Type or print)	MAUD		E GORDON	4. DATE OF FEBR	WARY P8 Yeo
S. S	FEMALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MARRIE WIDOWED X DIVORCE		9. AGE (In years 19st hirthdoy) 73 yrs.	Manths Days Haurs
		king life, even if retired)		R INDUSTRY 11. BIRTHPLACE (SHE		12. CITIZEN OF WHAT COU
13.	FATHER'S NAME JOHN	NORRIS		14. MOTHER'S MAIDER BELLE	N NAME	
		R IN U. S. ARMED FOR (If yes, give war ar dates of se			SPITAL, CUMBERL	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per line for (d), (b), and (c).			INTERVAL BETWONSET AND DE
Z	Conditions, if a gave rise to i cause (a), stating lying cause lost. PART II. OTH	the under-)	NTH BUT NOT RELATED TO THE TEL	RMINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUT PERFORM PERFORM YES YES YES
음	// -		ear Full	re. (Litterco	aclipates Covo	TO - LEGIT L VEC I
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury		Disesse
	OR CONTRIBUTING	MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury 20e. PLACE OF INJURY (Home, fractory, street, office bldg.,	in Part I ar Part II af item 18.)	
CERTIFI	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the saw the decease	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yea 19 It (I) (this hospital	or 20d. INJURY OCCURRED While Nat while at work at work	20e. PLACE OF INJURY (Home, foctory, street, office bldg.,	in Part I ar Part II af item 18.)	(County)
CERTIFI	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yea 19 It (I) (this hospital	or 20d. INJURY OCCURRED While Nat while at work at work	20e. PLACE OF INJURY (Home, foctory, street, office bldg.,	orm, 20f. (City or town)	(County)

ADDRESS

Cumberland, Md.

. A RISLEYA BA ME CENT THE THE TABLE OF THE STATE OF ATTOMATION OF SHARE ABLANCEVORES , 1 COLUMN CO the state of the same of the same and the same of the avenue de la care de la companya de

e. IS RESIDENCE ON A FARM?

YES NOT

Year

PERFORMED?

DATE SIGNED

(Stote)

NO X

(State)

Hours

19 60

VS. A15ME(5) 5M 9/55

MEDICAL CX AMINERS CERTIFICATE OF DEATH CHARLES AND AND · NATIONAL STREET Entered California Co. and an interest of the latest the same of the same of the

No.

060

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

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,	0	- 0	, -	U

25b. REGISTRAR'S SIGNATURE

Orthur S. Krays

250. REC'D BY REGISTRAR

DATE FEB 2 6 '60

		SS CERTIFIC	AIE OF DE	AIII			
1. PLACE OF DEATH a. COUNTY ALLE	GANY	MARYLAN	o. STATE	ENCE (Where decease 'LAND	ed lived. If institution b. COUNTY	A LLEGA	
b. CITY OR TOWN (IF of RURAL and give near CUMBER	outside corporate limits, writ rest town) I ANN	c. LENGTH OF STAY IN 1	c. CITY OR TO		orote limits, write RUI	RAL ond give nec	arest town)
	MEMORTAL" POSP WARWICK AVES		d. STREET AC	DRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LAVIN		GROS	4. DATE OF DEATH	Month FEBRUARY		
FEMALE,	0 50 0 0 mpt pm	ARRIED NEVER MARRIED [24,1873	1 11 11 1 1	Months Days	Hours Min.
100. USUAL OCCUPATION during most of workin Housewif	g life, even if retired)	Ob. KIND OF BUSINESS OR IN			country) dtown		WHAT COUNTRY?
13. FATHER'S NAME	N TWIGG		14. MOTHER'S	MAIDEN NAME		30176	
				L LUTMAN	HEATING.	200	
(Yes, no, or unknown) (If	IN U. S. ARMED FORCES? yes, give war or dates of service)	none	7. INFORMANT MEMORIAL	HOSPITAL	. CUMBERLA		
PART I. DEATH	H [Enter only one couse per H WAS CAUSED BY: MMEDIATE CAUSE (o)	line for (o), (b), and (c).	decor	a play and	Lagran .	INTI	ERVAL BETWEEN SET AND DEATH
Conditions, if ony gave rise to imm cause (a), stoting the lying couse lost.	DUE TO (b)	Cornone	1 Outer	- Louden	, ~	/	2 /
PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING I	R SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION GIVE	N IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of	injury in Port 1 or Po	ort II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Wh		PLACE OF INJURY (H foctory, street, office		ty ar town)	(County)	(State)
21. 1 certify that saw the decease	2 / 2	ended the deceased fra 2 1961, and the	or death accurred				nat (I) (we) last e stated abave.
220. SIGNATURE	lynon		M.D. ATTENDING	MED. DIRECTOR	STAFF	2/24	22b. DATE SIGNED
22C PHYSICIAN'S NAME (Type)	DR. SIMONS		22d. ADDRE	is when	Ditel	disne	my miny
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	2/24/60	23c. NAME OF CEMETER Oldtown C	1/	1/	ATION (City, town, or town, All		(Stote) Md
TAT TAT	W/ W 1/ UU	OTUCOMII O	cine cer y	o Lu	COMIL WIT	66 . 9	I'IU

ADDRESS

John J. Hafer, Cumberland, Maryland

VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

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Valencia)					HADAL	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01394

CERTIFICATE OF DEATH 1389

Reg. Dist. No.

)	1. PLACE OF DEATH 6. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Vo. STATE		b, COUNTY	on: Residence		ssion)				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		ote limits, write R			/n)				
-	d. NAME OF HOSPITAL (If not in hospital, give street	14 hrs.	d. STREET ADDRESS	a IS RE	SIDENCE							
2	OR INSTITUTION Sacred Heart Hospit		14 Euclid	Place				SIDENCE A FARM?				
-	3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Mon	th	Day	Yeor				
	(Type or print) Laura	dee	Himmler	DEATH	Feb	-	18	19 60				
1	5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWS		8. DATE OF BIRTH	1889	9. AGE (In years lost birthdoy) 70 yrs.	-	YEAR IF UND lays Hours					
Ī	Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, wen if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign co	ountry)	12. CITIZE	NOF WHAT	COUNTRY?				
-	Housewife	self	Maryla				U.S.A.	•				
	Frederick Himm	ler	Saura &	Bo	wers							
1	(Yes, mar or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	Socred He	and ke	loop Add	_ 1402)	1.11	32				
-	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]			1		INTERVAL B					
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	acute Buche	enun Ech	elemen			141	1				
	434, 2 DUE TO	0 0	1.0					4				
	Conditions, if ony, which (b)	my occardial	Failure				30	Cay S.				
	couse (o), stoting the <u>under-</u> DUE TO lying couse lost. (c)											
	(-)											
2	RT. middle and lower loke sucumorus YES NO (2)											
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CRISE HOW INJURY OCCURRE	D. (Enter noture of in ry i	n Port I or Port	II of item 18.)							
	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 White ot wor	Not while for	ACE OF INJURY (Home, fo ctory, street, office bldg., e	orm, 20f. (City etc.)	or town)	(Co	unty)	(Stote)				
	21. I certify that I attended the deceas	ed from. 2 -17	1960, to_	7-1	8, 19.60	that I last	saw the	deceased				
4	alive on 2-17, 191	<u>Θ</u> Q_, and that death	occurred at la if									
	ACTUAL C & DA	1.		ADDRESS (SI	reet, city or town,	stote)	DA	TE SIGNED				
	SIGNATURE COLLEGE	Janes	M.D. 441	4 (4,4	1+- 57		2.	1840				
	PHYSICIAN'S WILL P	Iumes	Cu	mber/	and 1 k	d						
7	220. BURIAL, CREMATION, 22b. DATE THEREOF PEMOVAL (Specify) 2/22/60	22c. NAME OF CEMETERY	R CREMATORY	22d. LOCAT	ION (City town,	or county)	m (Sto	ate)				
2	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS (M Q 24a. RE	C'D 8Y REGIST	. 0	STRAR'S SIGN						

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the detector death. Page 4 requires that the death certificate be executed within 24 haurs

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours ATTENDING PHYSICIAN: The law

TO HOSPITAL VS A15 (4) 15M 9/58

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1

8

CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALL EGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) HRS. CUMBERLAND CUMBERTAND d. NAME OF HOSPITAL (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? RT #1 BOX 169 Cresap Park YES NO SACRED HEART HOSPITAL NAME OF First Middle 4. DATE Last Month Day Year DECEASED 21 DeLOS HOSTER FEB HAROLD DEATH 60 (Type or print) 19 9. AGE (In years lost birthday) 9. yrs. 7. MARRIED XXNEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH Days Months Hours MALE WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S. A. CRANE OPERATOR PENNA. Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAURA PHELPS (DECEASED WATSON HOSTER (DECEASED 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Cumberland. Mrs. Harold Hosier. 214-05-7569 No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) While Nat while at wark ot wark n m 1960 that I last saw the deceased 21. I certify that I attended the deceased from alive an that death accurred of M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S 456 N. Kentre St., Cumberland . Md . Leo H. Ley Jr. m M NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria Feb. 24.1960 Hillcrest Burial Park Cumberland, Md.

Cumberland.

240. REC'D BY REGISTRAR

DATE FEB 2 5 '60

24b. REGISTRAR'S SIGNATURE

Cirting S. Thatis

ofter/ ā pup detached by the FUNERAL DIRECTOR: shauld be registrar m page 10

0 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

Wavne George.

TESO CHARGE OF TEACH The special section of the property of the section The Property of the Control of the C micro in . Late relation of the the last residence of the end of the

the first term and the second second second

FOR STATE HEALTH DEPT. iory, please ector. Page

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TO DEPUTY N. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is never please execute the certificate, writing the ward "pending" in pendi in lem, 18. Give Pages 1, 2, and 3 to the funeral exector. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01396

								Keg, Dist, I	40.
PLACE OF DEATH	egany	42.	MARYLAN	O. STATE	SIDENCE (WI	here deceose	b. COUNT		perfore odmission)
b. CITY OR TOWN (if of and give negret) fown) Barton	utside corporate fimits, write	RURAL	69 Yrs	× Bart		oulside corp	orale limits, write	RURAL ond give	neorest town)
d. NAME OF HOSPITAL	L OR INSTITUTION (IF	not in hosp	itat, give street address)	d. STREET	ADDRESS			1- 50	• IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Charles		Middle	Howell	1	4. DATE OF DEATH	Month	h 00	19 60
s. sex Male		7. MARRIE	NEVER MARRIED	B. DATE OF BIRT			9. AGE (In years foot birthday) 69 yrs.	Months Days	
during most of working Miner	N (Give kind of work di life, even if retired)		ND OF BUSINESS OR INDU		ACE (Stole o		ountry)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S					
Charles	Howell			Mary	Ann I	Egan			-
15. WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	1-10-8086	Joseph H	Howell-	-Barto	Address n. Md.	and the second	
(a), stoting the ur couse lost. PART II, OTHE) (c)	ITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
PART II, OTHE	E WAS CRIBUTING ()	. DESCRIBE	HOW INJURY OCCURRED.	. (Enter noture of i	njury in Part	l or Port II	of item 18.)		YES NO 🖽
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. It While of wor	Not while for	PLACE OF INJURY (actory, street, office	Home, form, bldg., etc.)	20f. (City	or lown)	(County)	(State)
at Street, to the street of the street			emoins described al auses (X) ; Accident	M.D. CHIEF	e , H	omicide		Inquiry Desiration	
EXAMINER'S W.				aut DEPUTY	MEDICAL EX	XAMINER X		Feb. 27.1	1960
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	3/1/60		St. Gabriel			Bar	ton, Md.		(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE	1	Westernport,	Md.	DATE MA	R 1 '6		strar's signative S. Kr	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTHQOIL TO MISDICAL EXAMINER'S CERTIFICATE OF DEATH AND CALL STATE OF ST

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		RTMENT OF HEALTH—BALTIMORE, 18 FICATE OF DEATH Reg. D	01397					
N N	1. PLACE OF DEATH o. COUNTY Allegany MARYL	AND 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE Maryland b. COUNTY A.	nce before admission)					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 2/17/60	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OL Cumberland						
091	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Allegany County Infirmary	11 Vermont Avenue	e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF DECEASED (Type or print) Annie Margaret	Hughes 4. DATE OF DEATH February	20, Year					
	S. SEX 6. COLOR OR RACE 7. MARRIED □ NEVER MARRIED White WIDOWED M DIVORCED	last birthday) Months	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.					
- de ch	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own home		S · A ·					
	13. FATHER'S NAME Wolfgangi Smith	Magdalene Weisenmiller	العظيات					
72 hou	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) None	Allegany County Infirmary Re	mberland,Md ecords					
+ within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chronic Th	socardeal Dequeration	INTERVAL BETWEEN ONSET AND DEATH					
ny even	592X DUE TO Conditions, if any, which)	gocardeal Dequerates	>					
0	gave rise to immediate DUE TO	, , , , ,	1					

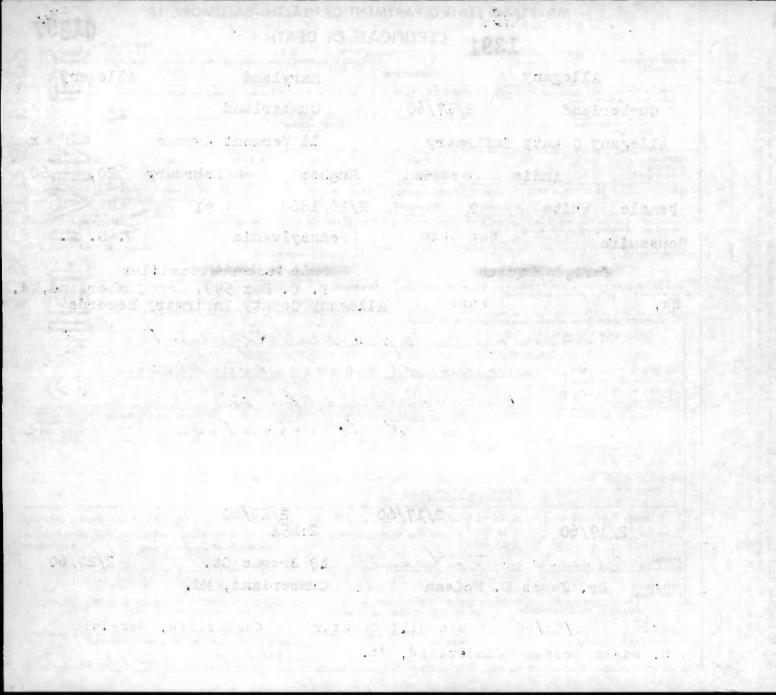
couse (a), stating the <u>under-</u> lying couse last TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 CERTIFICATION 19. WAS AUTOPSY PERFORMED? YES NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while at work ot work 21. I certify that I attended the deceased fram. 19___,that I last saw the deceased and that death accurred a 2:45 AM, from the causes and an the date stated above. alive an DATE SIGNED ADDRESS (Street, city or town, state) 160 ACTUAL Greene St. SIGNATURE Cumberland, Md. James E. McLean PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)
Burial 22/60 Cemetery Cumberland, Maryland Rose

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE Cumberland, Md. Wayne George

24g. REC'D BY REGISTRAR DATE FEB 2 3 '60

24b. REGISTRAR'S SIGNATURE Colling S. Krous

VS A15 (4) 1SM 9/S8



death. Page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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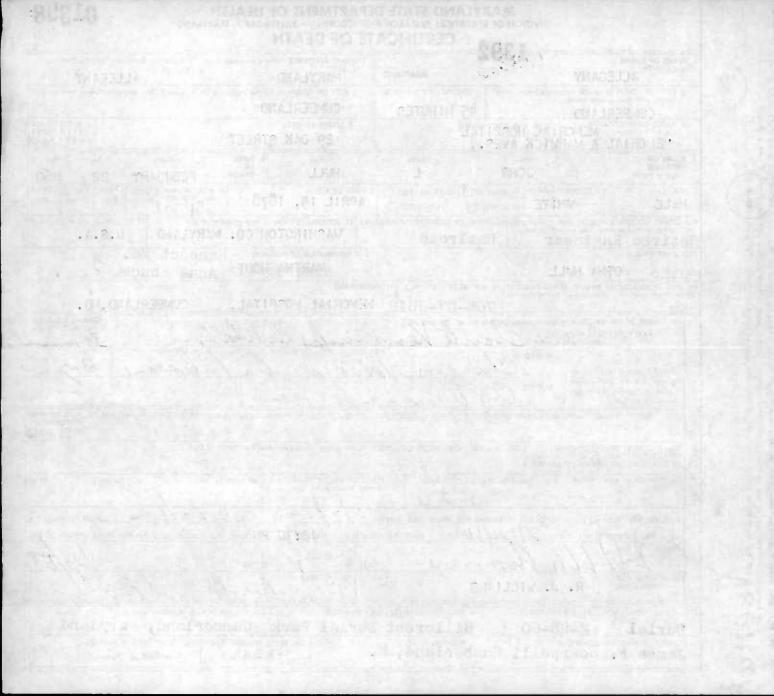
may be revained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages. Pages I and 2 shauld be filled with the State Board at Health priar to burial, cremotian, or removal, and in any event, within 72 hours after the state burial.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL C VR A1S (4) 15M 9/59

1. PLACE OF DEATH a. COUNTY ALLE	GANY	EUJ.	MARYLAND		STATE MARYLA		ed lived. If instituti b. COUNTY		before admi	ssion)
b. CITY OR TOWN (If	f outside corporate lim	its, write	c. LENGTH OF STAY IN 18	6	. CITY OR TOWN	V (If autside carp	porote limits, write R	URAL and giv	ve nearest tav	vn)
CWMBER			45 MINUTES	0:	2 CUMBER	LAND				
d. NAME OF HOSPITA OR INSTITUTION	ALMEMORTALL S	HOSP'I	oddress)	1	d. STREET ADDRE	K STREET				SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fin J	OHN	Middle		HULL	4. DATE OF DEATI	H FEBRU		Doy 22	Year 1960
s. sex MALE	6. COLOR OR RACE WHITE	7. MARR	HED NEVER MARRIED DIVORCED	8. DA	PRIL 15,	1878	9. AGE (In years lost birthdoy)		YEAR IF UNI	1
10a. USUAL OCCUPATION during most of work Retired Er	ing life, even if retired	1	KIND OF BUSINESS OR INI	DUSTRY			MARYLANO		S.A.	COUNTRY?
13. FATHER'S NAME				14	MOTHER'S MAIL	DEN NAME	Hancock	Md.		
Otho #OT	HA HULL				#MART	HA HOUT	# Anna H	ouck		
15. WAS DECEASED EVER			SOCIAL SECURITY NO. 17	, INFOR	MANT		Add			
(Yes, no. or unknown)	(If yes, give war ar dates of :		05-07-6648	MEI	MORIAL H	OSPITAL,	CUME	BERLAND	O.MD.	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Cho Ch	re for (o), (b), and (c).]	Thy	ocar	Will.	12hr	raif	INTERVAL E	ETWEEN D DEATH
lying couse last.	the under-	, Cl	rterioa	t	lero	210			1,000	
PART II. OTH OR CONTRIBUTING OR CONTRIBUTING (If EITHER, NOTIFY	ier significant con	iditions <u>c</u>	CONTRIBUTING TO DEATH E	BUT NOT	RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	VEN IN PART	PERF	AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RRED. (En	ter nature of inju	ry in Port I or Po	ort II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	20d. It While of worl	_ Not while _	PLACE (foctory,	OF INJURY (Home street, office bldg	g., etc.)	ity or town)	(Co	ounty)	(Stote
	.07	l) attend	ded the deceased fram		/	19, ta	/		_, that (I)	
saw the deceas 22a. SIGNATURE 22c. PHYSICIANS	Mul	ha	ms and tha	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR [STAFF PHYS.	nd an the		2b. DATE SIGNED
NAME (Type)	R. J. W	ILLIA	MS		111	her	lang	1/12	1	\
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial			23c. NAME OF CEMETERY Hillcrest				ation (City, town, mberland			ote)
24. FUNERAL DIRECTOR			ADDRESS amberland, M			REC'D BY REGI		STRAR'S SIGI	-	110



VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01399

Reg. Dist. No.

1. PL	ACE OF DEATH		1	435		2. USUAL RES		ere deceo	ed lived. If insti	TV . n n			sion)
h	Alleg	SANY utside cerporole limits, write	017841	c. LENGTH OF	MARYLAND		Md.			HTT	ega	-	->
0.	and give nearest town)	urside cerporole limits, write	FRUKAL						porote limits, writ	e KUKAL ON	give ne	arest low	'nj
		MXRrostb		Lifet			ostbu	rg					
		L OR INSTITUTION (f not in has	pital, give street o	address)	d. STREET						ON	SIDENCE FARM?
	Miners F	Mospital				9	9 Par	k Av	renue			YES 🗌	но 🗌
3. NA	AME OF CEASED	Fire	st .	Mido	dle	losi	4	DATE OF	Mor		Doy	Ye	or
(1)	rpe or print)	Leonar		C.		ackson		DEATH	2		19	15	60
5. SE)	(7. MARRIE	D THEVER MA	ARRIED B.	DATE OF BIRTH	1		9. AGE (In years fast birthday)	IF UNDER		-	R 24 HRS.
	Male	Black	WIDOWE	DIVO	RCED 🗌	4-4-18	99918	399)	60 _{yr}	Months	Days	Hours	Min.
10a. L	ISUAL OCCUPATION	(Give kind of work of life, even if relired)	done 10b. K	IND OF BUSINES	S OR INDUSTR	Y 11. BIRTHPL	ACE (Stole of	r foreign o	ountry)	12. CIT	ZEN OF	WHAT (OUNTRY?
100	Laborer	1110, 01011 11 1011100)	Ci	ty of F	rosth	upo F	rostb	urg.	Md	U.	S.	A.	
	ATHER'S NAME			03 01 1	10000	14. MOTHER'S							
13		Jan	nes J	ackson		Ella	Воуе	r					
		R IN U. S. ARMED FO		SOCIAL SECURITY	Y NO. 17. #N	FORMANT			Addre	35			
N		ir yes, give war ar outer ar		20-10-2	27.57	Mrs. Z	eller	s Mi	nors H	osnit	6	Fre	nethu
1	8. CAUSE OF DEATH	Enter only one cou				/	V 10 10 V 10					AL DETWER	
	PART I. DEATH	WAS CAUSED BY	(1)	win V	15011	lar 1	7,50	15€			ONSET	AND DEAT	H
	916.0"	MMEDIATE CAUSE (6) DUE TO		10110	4000	()	1100	110				1	
	Conditions, if any		7	ALDI	niil	time	211	211	d Dec	1100	1	11	0
	gave rise to immedi	ote couse		01011	1/4	10	1.00	0	My	2			
	o), sloting the ur	derlying DUE TO	/	Our,	ns.	04/17	The se	25/7	1470	m			
Z	PART II, OTHE	R SIGNIFICANT CON		INTRIBUTING TO	DEATH BUT N	RELATED TO	THE TERMIN	AL DISEAS	E CONDITION G	IVEN IN PAR	T 1(o) 19.	. WAS A	UTOPSY
M					6						Y	PERFOR	MED?
12/2	Og. EXTERNAL CAUS	SE WAS 20	b. DESCRIBI	HOW INJURY O	OCCURRED. (E)	ter nature of in	iury in Port I	of Part II	of item 181		-73	-	1
CERTIFICATION	OG. EXTERNAL CAUSTRIMARY OF OF DEATH.	TRIBUTING []	50DV	asleep		ing m	- h n -	1-	Burn	0 040	PHA	Am.	VOLE
	Oc. TIME OF INJURY		or 20d. I	NJURY OCCURRE	D 20e. PLAC	E OF INJURY (Home, form,	20f. (City	or town)	. Con	enty) ,		(Stole)
MEDICAL	CI Hour o. m.	NO122 193	59 While	Not while	of facto	ry, street, office	bldg., etc.)	E	Most h	13711	11/00	nne	MAL
	1 Leartify the	at I taok charge			7	e held no	Autoney		nspection D	2 16000	TOP	111/	in my
							-			. / .	, rhesi.	-	in my
1	pinian aeain r	esulted from: 1	AQIUIQI (duses [], /	Accident [ZI, Suicide	e [], H	omicide	, Under	ermined i	nonner		
	ACTUAL /	1/10	1110	1 and	-	CHIEF A	MEDICAL EXA	MINIER				DATE SI	GNED
1	SIGNATURE U	101	// /	0		_M.D.	NT MEDICAL	_	· m /	Leb	10	161	1
	EXAMINER'S NAME (Type)	10 V	nex	ane	me	114	MEDICAL EX				//	1760	
220.	BURIAL CREMATION	, 226. DATE THEREC)F	22c. NAME OF C	EMETERY OR	CREMATORY		22d. LOCA	TION (City, town	or county)		(Stote	
	Burial	Feb 22	1960	Fros	thurg	Mem.	Park	Fro	stburg	1/2	M	aryl	and
23. f	UNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS	0		240. REC'D			STRAR'S SIC	SNATURE		
61		meral Ho	me 2	East	Main	A Fig.	DATEFEB	25 '6	0 0	raing &	4		
				ros thur	6) ma	•					-Carbon	-	

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1393

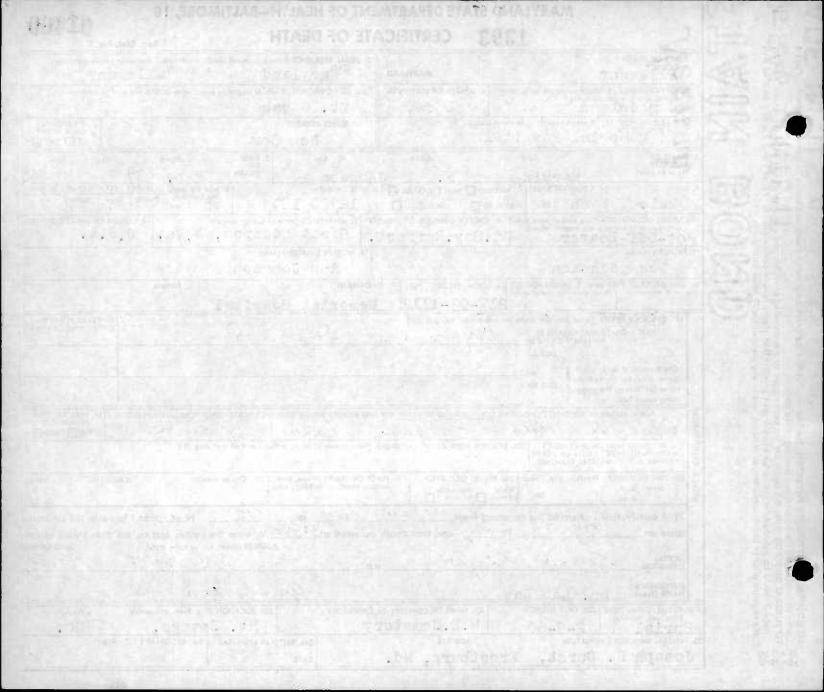
CERTIFICATE OF DEATH

01400

Reg. Dist. No.

1. P	LACE OF DEATH	у			MARYLAND	2. USUAL RESI	rylan	ere deceased i	ived. If institut b. COUNTY	ian Residence	gany	odmission)
ь	CUMBERLA CUM	outside corparate limit arest town) and	s, write		days		TOWN (If a		te limits, write	RURAL and g	ive neares	t town)
d	OP INICITITITION	AL (If not in hospital, g rial Hosp				/ d. STREET A	New F	Row				IS RESIDENCE ON A FARM? 'ES NO P
D	NAME OF DECEASED Type or print)	Marvir		TE.	Middle	Johns on	t	4. DATE OF DEATH	Mo Feb	nth 7	Day	Yeor 19 6
5. SI	Male	6. COLOR OR RACE White			R MARRIED A	B. DATE OF BIRT	0/189		AGE (In years last birthday)	Manths		UNDER 24 HRS.
10a. R	USUAL OCCUPATION during most of work et-Off-b	N (Give kind of work of ing life, even if retired)	lone 10b. Mt	.Sav.I	Refrac	t. Great	ACE (Stole of	or foreign cau	, W, Vs	1	S.A	WHAT COUNTRY
13. F	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Lee J	ohnson				An	n Joh	mson				
15. \ {Yes.		IN U. S. ARMED FORG	rvice]	50CIAL SECU	1112 NO. 17.	Memori:	al Ho	spita		dress		
	PART I. DEAT	TH [Enter only one car TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1	ne far (a). (b).	and (c).]	al D	eges	reate	n		INTERV	AL BETWEEN AND DEATH
NO	Conditions, if or gave rise to in cause (a), stating the lying couse last. PART II. OTH	he under-		CONTRIBUTING	S TO DEATH BU	T NOT RELATED JE	D)THE TERMIN	NAL DISEASE (CONDITION GI	VEN IN PART	1(a) 19.	WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item/18.)												
L CER	OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	r 20d. In	NJURY OCCUR Nat whil k 🔲 at work	RED 20e. P	LACE OF INJURY (actory, street, affice	Hame, farm,	, 20f. (City a		(C	ounty)	(State)
	21. I certify the alive anACTUAL SIGNATURE	at I attended the			d that deat	h accurred at			the causes of city or tawn,	and an th	ast saw e date	the decease stated above DATE SIGNE
	PHYSICIAN'S NAME (Type)	Dr. Leo I					Ou	ember	land	Ind		/ /
T	REMOVAL (Specify)	2-9-60			of cemetery of Cemete	CREMATORY		Mt.	Savag	,,		(State) Md.
	UNERAL DIRECTOR'S			ADDRES				BY REGISTRA		ISTRAR'S SIG	NATURE	
J	oseph R.	Durst,	Fre	stbur	g, Md.		DATE	B 1 2 '6	0 0	William &	Hances	

VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	3
4007-	

1394 CERTIFICATE OF DEATH

Reg. Dist. No.

01401

	PLACE OF DEATH				2. USUA	RESIDENCE (WI	ere deceased	l lived. If instituti	on: Residence	before adm	ission)
	6. COUNT	Allegany		MARYLAND	o. STA	" Maryl	and	b. COUNTY	All	egany	
	b. CITY OR TOWN (If RURAL and give ner	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CIT	OR TOWN (If o	outside corpor	rote limits, write R	URAL ond gi	ve nearest to	wn)
L	Cumberla	-		52 yrs.	02	Cumbe	rland				
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)	d. STI	REET ADDRESS				e. IS F	ESIDENCE A FARM?
		35_Fifth	St.		1	35 Fi	fth S	treet			NO X
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon	th	Day	Yeor
	(Type or print)	Sad	ie	Catherine	Kerns	5	OF DEATH	Fel	0.	12	1960
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years last birthdoy)		YEAR IF UN	
13	Female	White	WIDOW	ED DIVORCED	Apri	1 26.1		59 yrs.	Months [Days Hour	s Min.
100	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. B	RTHPLACE (Stole	or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
	Never Em	loyed		None	I	Elk Gar	den.	W. Va.	U	SA	
13.	FATHER'S NAME	West and the second				HER'S MAIDEN N					
1	Joh	n Kerns				Mary A	nn Re	ynolds			
	WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMAN'			Add	ress		
L	no	If yes, give wor or dates of s	ervice)	none 1	liss /	llen V	. Ker	ns Cum	perla	nd. M	d -
F	+	TH [Enter only one co	use per li	ine for (o), (b), ond (c).]						INTERVAL	
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	Conditions, if on	v. which)		Carren	an	1	1960	& Snes	ast	7	422
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	couse (o), stoting the under- DUE TO lying couse lost. (c)										
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CERTIFICATION	YES NO OR CONTRIBUTING CAUSE OF DEATH YES NO OR CONTRIBUTING CAUSE OF DEATH YES NO OR CONTRIBUTING CAUSE OF DEATH										
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes	or 20d. 1	NJURY OCCURRED 20e. F	LACE OF IN	URY (Home, form	, 20f. (City	or town)	(Co	ounty)	(Stote)
NED A	Hour o.m.	19	While	Not while	octory, street,	office bldg., etc	.)			1	
1				sed fram. Dest.	-7 10	612 - 2	Fred	12- 10/-			
		ii i dhended the	oeced:			99, 10	2-6-1-1	12, 1960	, that I id	ist saw th	e deceased
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	alive on 3	7.6.7.		60, and that deat	h accurre		_M, from				
	alive on	2. 7.		Surrey	h accurre		M, from	reet, city or town.	state)		DATE SIGNED
		Olay		Lunei	h accurre		M, from		state)		
	actual signature	Olay Clay	£ .	Lurei	h accurre		M, from	.a Ave.	state)		DATE SIGNED
220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DI	Clay D	, 19 9, urr	ett, MD 22c. NAME OF CEMETERY	M.D.	236 Vi Cumber	M, from ADDRESS (SH rgini land,	.a Ave.	state)	eb.12	DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		130	CERTIFIC	AIE OF DE	:AIH						
1. PLACE OF DEATH a. COUNTY	LEGANY	2.00	MARYLAI	2. USUAL RESID	ARYLA		d lived. If instit b. COUN	TV	EGAN		ion)
RURAL and give n	If outside corporate limi earest town) RLAND	its, write c	LENGTH OF STAY IN		OWN (If o		rote limits, write	RURAL onc	give ne	arest town	1)
d. NAME OF HOSPI OR INSTITUTION	EAA 05 . 1 1 1. 1	HOSPIT	dress)	d. STREET A	DDRESS	41.	North	Branc	e h		FARM?
3. NAME OF DECEASED (Type or print)	JOH		Middle HALDERMAN	Lost KRE		4. DATE OF DEATH		lonth EBRUAR) Do		Year 19 60
S. SEX MALE	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED DIVORCED			1895	9. AGE (In year lost birthday		-	Haurs	Min.
10a. USUAL OCCUPATION during most of work Retired Yd. 13. FATHER'S NAME	king life, even if retired)	& O Rwy.		Lanca	ster,		12. CI		B. A.	
JOSEPH KE	READY					ERMAN					
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of		OCIAL SECURITY NO.	17. INFORMANT MEMORIAL	HOSP	PITAL		ddress RLAND,	, MD		
Conditions, if a gove rise to i cause (a), stating lying couse last.	the under-	b)	Levic Cot	allen Er	le-	Cardi Brue &	s Vande	Draw tree	D ART I(o)	19. WAS	AUTOPSY
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		IBE HOW INJURY OCCI							PERFC YES	DRMED?
20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Ye	While of work	_ Not while _	e. PLACE OF INJURY (I factory, street, office			y or town)		(Caunty))	(Stote
21. I certify the saw the decea 22a. SIGNATURE 22E-PHYSICIAN'S NAME (Type)		HIMMEL	9	M.D. ATTENDING PHYS. 22d. ADDRE	M M	IED. IRECTOR [STAFF PHYS. AVE., C	Feb.	he date	1960	d abave b.DATE SIGNED
23a. BURIAL, CREMATIC REMOVAL (Specify Burial			23c. NAME OF CEMETE Davis Memor		Park	1	TION (City, tow berland			(Sta	ie)
24. FUNERAL DIRECTOR H. Wayne	e George.	Cumb	ADDRESS erland, Md			D BY REGIS		GISTRAR'S	- /		

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TO HOSPITAL VR A1S (4) 15M 9/59

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VS A15 (4) 15M 9/58

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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	144	CERTI	FICA	TE OF DEATH			Reg. Di		X V X
1. PLACE OF DEATH o. COUNTY Allegany		MARY	LAND	2. USUAL RESIDENCE (Who a. STATE Marvl		d lived. If institution b. COUNTY		ce before o	
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Zihlman	e limits, write	c. LENGTH OF STAY		c. CITY OR TOWN (If or	utside carpo	rate limits, write R			
d. NAME OF HOSPITAL (If not in hasp OR INSTITUTION				d. STREET ADDRESS					S RESIDENCE ON A FARM? ES NO B
3. NAME OF DECEASED (Type or print) Melv	First	Middle		Lashbaugh	4. DATE OF DEATH	Man Febr		Day 19	Year 19 60
S. SEX 6. COLOR OR R		RIED NEVER MARRIE	D 🔲 8	June 25. 19	06	9. AGE (In years last birthday) 53 yrs.	U	1 YEAR IF	UNDER 24 HRS.
Da. USUAL OCCUPATION (Give kind of during most of working life, even if re	wark dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (State of	ar fareign c				HAT COUNTRY?
Brick Worker B. FATHER'S NAME	1 K	efractori	es	Maryland 14. MOTHER'S MAIDEN N	AME]_0	SA	
William Lashba S. WAS DECEASED EVER IN U. S. ARMET Yes, no, or unknown) (If yes, give war or do	FORCES? 16.	SOCIAL SECURITY NO	. IN	Christin	e Sh	oemake Add	ress		Q.
Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.	Ine cause per li BY: USE (a) JE TO (b) JE TO (c)	Acute d Ventricu Foronary	irc.	Mrs. Ruth W ulatory Fibrilla Atherosci	tail tion lero	ure sis		INTERVONSET IN Un	AL BETWEEN AND DEATH MME cli Khown
PART II. OTHER SIGNIFICANT Moderat 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OLUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	e 06	esity		. (Enter nature of injury in P			EN IN PAR	1	WAS AUTOPSY PERFORMED? ES NO
			20e. PLA fact	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.	20f. (City	or tawn)	(0	County)	(State
21. I certify that I attended alive an Feb 19 ACTUAL SIGNATURE Color PHYSICIAN'S NAME (Type) Alvin	J.	60, and that		7 , 1960, to accoursed at 500 P 1.0. 48 Broad Frostbu	M, fram ADDRESS (Se dway	treet, city or town,	d an the		
20. BURIAL, CREMATION, 22b. DATE TH		22c. NAME OF CEME				TION (City, tawn,			

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VS. A15ME(5)

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Reg. Dist. No.

	DEACE OF DEATH	ONT	13	93	AARYLAND	A STATE .	Marv	here deceased	ived. If institu		lence bel		ssion)
-	b. CITY OR TOWN (III	any	RURAL	c. LENGTH OF S			J .	autside corpore	te limits write		0		wnl
	and give nearest town) Cumb ex	7 3	. nonne		ars	Y		mherla		HONNE OIL	o give ii		,
ŀ	d. NAME OF HOSPITA		If not in hos			AL STREET A		mo ex xex.	.200			e. IS RE	SIDENCE
		County				Rou		•				ON	NO D
	3. NAME OF DECEASED	Fin	st	Midd	le	Last		4. DATE OF	Month	1	Day	Y	ear
	(Type or print)	FRA		R.	LEAS			DEATH	Feb.		LO	1	9 60
1	S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MA	RRIED 8.				AGE (In years ast birthday)	-			ER 24 HRS.
	Male	White	WIDOWED	DIVOR	CED 🔲	May 15	,187	9	80 yrs.	Months	Days	Hours	Mln.
	Oa. USUAL OCCUPATIO	life, even if retired)			OR INDUSTI	RY 11. BIRTHPL			lry)	12. CI1			COUNTRY?
-	0	Ret.)	C	elanese				yland			US	A	
	13. FATHER'S NAME					14. MOTHER'S			020				
-		Leasure	norse la				ry P	atters		-			
		If yes, give war or dates of		SOCIAL SECURITY		IFORMANT	Too	~~~~	Address	-777	har	3/12	
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		H [Enter only one cau H WAS CAUSED BY:									ONSE	VAL BETWE	TH
	PARI I. DEAT	MMEDIATE CAUSE (a)	CHR	ONIC MY	OCARD	TTIS, T	ERMIN	NAL PN	EUMONI	A			
1	422,1	DUE TO				5	T C D A						
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	(a), stating the u										100		
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_	PRIMARY Or CON CAUSE OF DEATH.	TRIBUTING [D. DESCRIBE	HOW INJURY O	CCORRED. (EI	nter nature at in	jury in Part	I or Part II at i	tem 18.}				
	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED	facto	CE OF INJURY (I			town)	(Co	ounty)		(State)
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1		fram: Natural	-	_	10000			400	termined o	_	,	, one	THE THE
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	ACTUAL SIGNATURE	Lenedy	t	Skita	relic	M.D. CHIEF N	EDIÇAL EX	AMINER [DATE S	IGNED
7							NT MEDICA	L EXAMINER					
	NAME (Type) BE	ENEDICT S	KITAE	RELIC.	M.D.	DEPUTY	MEDICAL E	XAMINER 📉	Fe	eb.	LO,	196	0
1	22a. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CE		CREMATORY		22d. LOCATION				(State	9)
	Burial	2/12/19	60	Zion M	emori	al Cen	1.	Cumb	erland	d, M	d.		
1	3. FUNERAL DIRECTOR'S			ADDRESS	25.7		24a. REC'E	BY REGISTRAR					
	Byron K	ight (umbe	rland,	Ma.		DATE	EB 1 2 '60		Punty.	8. The	MA	911

TO DEPUTY DICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If any delay it essary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct... Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the registrar priar to burial, cremation, VS. A15ME(\$) SM 9/55

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1.	PLACE OF DEATH			MARYLAND	11 0	JAL RESIDENCE (WI		b. COUNTY			mission)
A	llegany	f outside corporate lim	ita maita	c. LENGTH OF STAY IN 16	-		rland		Legany		
	RURAL and give ne	arest town)	ilis, wille	C. LENGTH OF STAT IN 10	Y	CITY OR TOWN (If	outside carporati	e limits, write K	UKAL and g	ive nearest t	ownj
C	umberland			Life		umberland	(Rural)	Chrisi	tie Rd		F. D. #
	OR INSTITUTION	AL (If not in hospital,	give street	address)	d.	STREET ADDRESS				e. IS	RESIDENCE N A FARM?
C	hristie Rd	. RFD #2			Chr	ristie Rd.	RFD #2			YES	NO 🗆
3.	NAME OF DECEASED (Type or print) He	len M. Lin	nold m	Middle		Lost	4. DATE OF DEATH	Mor Fel	oruary	Doy 21	Yeor 19 60
5.	SEX	6. COLOR OR RACE	7. MARI	RIED INEVER MARRIED	8. DATE	OF BIRTH	9.	AGE (In years		YEAR IF U	NDER 24 HRS.
	Female	White	WIDOW		May	16, 1897		62 yrs.	Months	Days Hou	ers Min.
-	d. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND			or foreign coun		12. CITI	ZEN OF WH	AT COUNTRY?
	ousewife	ing life, even if retired	4)			Cumberland			U.	S. A.	
13	. FATHER'S NAME				14. A	AOTHER'S MAIDEN N	NAME			77-11	
J	oseph H. K	oelker			Me	ary Elizab	eth Arn	old			
15	. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFORM			Add	ress		
('	No	(If yes, give wor or dates of	N		enry	P. Lippol	d Chri	stie Ro	. RFD	#2	
		TH WAS CAUSED BY:	-	ne far (a), (b), and (c).]	.0	Sunt	ex. J.)			BETWEEN ND DEATH
	1120	IMMEDIATE CAUSE (of the state of th	-	0		41 000			
	Canditions, if a		b)	Ceterior	cle	entic	Homei	1 de	allowed to the	, ale	- lo
	gave rise to it cause (a), stating lying cause lost.	nmediote (mayfale	or co	, A,	horting in Kristings	e-f-		12	700
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	NDITIONS (CONTRIBUTING TO DEATH BI	UT NOT RE	LATED TO THE TERMI	INAL DISEASE C	ONDITION GIV	EN IN PART	PER	AS AUTOPSY REORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter	nature of injury in	Port I or Port II	of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	20d. II While at wor	Not while	PLACE OF factory, str	INJURY (Home, form eet, office bldg., etc	, 20f. (City or	town)	(Co	ounty)	(State)
	21. I certify th	at I attended the	deceas	ed fram 29 74	-	1959 to 0	30 Feb	19/3	.that I le	ast saw th	ne deceased
	alive an A	0 Feb	. 19	60, and that dea	th occur		2M, from t				
				a Aca	00001		ADDRESS (Stree			/	DATE SIGNED
	ACTUAL SIGNATURE	mesen h	7 del	en O The	4	136 12	. S.	Olivo	105	9. 5	2/53/17
ļ.	SIGNATURE	/	/		_ M.D	1-000-14	- Sec. 12 12 22 22 22 22 22 22 22 22 22 22 22			1	7-1-765
	PHYSICIAN'S NAME (Type)	Louis 1	M. G1:	ick. M.D.		**	*******			/	
22	BURIAL CREMATIO		OF TOTAL	22c. NAME OF CEMETERY	OR CREM	ATORY	22d. LOCATIO	N (City, town,	ar county)	(5	itate)
	Burial (Specify)	Feb. 24.	1960	Sunset Memor	ial F	ark	Cumber 1	and . Ma	rvlen	3	
23	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC'	D BY REGISTRAL	R 24b. REGI	STRAR'S SIG	NATURE	A 2 4 5 5
1	ours Stein	alno,	177 P	rederick st. C	lumb.	Md DATE	EB 2 4 '6	0 -	Lower d.	. / walls	
L				LEGELICK S.		ATACA DATE :					

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ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE	, 18

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY To. STATE b. COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) d. STREET ADDRESS Cumberland e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A FARM? YES NO Sacred Heart HOsnita Route NAME OF Middle 4. DATE Month Year OF DEATH DECEASED 2 (Type or print) 150 Linna IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) Months Days Female White WIDOWEDXIX DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) Beans Co Own Home Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOhn Robosson Caroline Deremer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address chart none 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Manth. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Nat while at work at work 19 Cathat I last saw the deceased 21. I certify that I attended the deceased from _, and that death accurred at 5:55PM, from the causes and on the date stated above. alive an ADDRESS (Street, city or tawn, state) ACTUAL SIGNATURE PHYSICIAN'S 57 Green ST., Cumb., Md. Lewis Brings.M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Flintstone, Maryland TIOF Cemetery Burial Feb. 24. 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** DATE FEB 2 4 '60 John J. Hafer, Cumberland, Maryland

The second contract of the state of the s AND THE PROPERTY OF THE PARTY. 1691/clin attended to the management of the course STAR HAND ABOVERS and the second of the control of the . I. J. merial about 100 and AS IN THE RESERVE TO besteven and it is the second that the second and the second territorial professional professional profession to existing 1. PLACE OF DEATH o. COUNTY

Joseph R. Durst,

	MARYI	AND	STAT	E DEPARTM	NENT OF HEAL	TH-BAL	TIMORE, 1	8			
		14	36	CERTIFIC	ATE OF DEA	TH		Reg. D	ist. No.	014	109
PLACE OF DEATH o. COUNTY	llegany			MARYLAND	2. USUAL RESIDENCE O. SLATE Distri	(Where deceose	d lived. If institution b. COUNTY		nce befo	re admiss	ign)
	f outside corporate limi	ts, write	c. LENG	TH OF STAY IN 16	c. CITY OR TOWN			4	give ne	arest town	1)
RURAL ond give ne	rostburg		2	Weeks	Washin	gton.	1.	47	X - 3	3	
	AL (If not in hospital, g	ive street o			d. STREET ADDRESS					e. IS RES	IDENCE FARM?
60	Centenn	ial	Stre	et	1223 -	13th S	t.N.W.			YES 🗌	NO 🔯
NAME OF DECEASED (Type or print)	Fir B1	anch	e V	Middle Vilderma	n Lowe	4. DATE OF DEATH	Februar		5th	,	Yeor 19 60
SEX	6. COLOR OR RACE	7. MARR	ED N	EVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost bisthday)			IF UNDE	
Female	White	WIDOWE	D 📉	DIVORCED	Oct.5th,1	.894	65 yrs.	Months	Doys	Hours	Min.
a. USUAL OCCUPATIO	ON (Give kind of work or king life, even if retired)	one 10b.	KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI	tote or foreign	country)	12. CIT	IZEN OF	WHATC	OUNTRY?
	ept.		lane	ese Corp	. Mary	land			US	A	
. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
Edward	Jordan W	ilde	rman	1	Mary A	nn Lyc	ns				
	R IN U. S. ARMED FOR (If yes, give wor or dates of so	(anima)	_	0 0/00	Mm.H. Lowe	,1223-	Addr -13th St	ess Wa	shi	ngto D.C.	on 1,
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	//	20170).		2 Pner	imo	ma		INTI	ERVAL BE	TWEEN

Orthun S. Krays

160

DATE FEB 9

3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mor	nth .	Day	Y	eor
	(Type or print)	Bl	anche	Wilder	man	Lowe	DEAT	"Februar	У	5th.	, 1	9 60
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years lost bisthday)		RIYEARII		
	Female	White	WIDOWED 📉	DIVORCED	0	et.5th,18	894	65 yrs.	Months	Doys	Hours	Min.
10	a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	ote or foreign	country)	12. CIT	IZEN OF V	VHAT CO	OUNTRY?
1		ept.	Cela	nese Co	rp.	Mary	land			USA		
3	. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					100
	Edward	Jordan W	ilderm	an	E.3	Mary A	nn Lv	ons				
	. WAS DECEASED EVE es, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	and ad	-22-361		.H. Lowe		Add	ress Wa	shir	ngto	on 1
	1B. CAUSE OF DEA	ATH [Enter only one co	ouse per line for	(c).	0.	1				INTER	VAL BET	
	PART 1. DEA	TH WAS CAUSED BY:	1/2	iona,	ho .	men	mo	ma		2	de	DEATH
	480X	DUE TO		11)							- 1	
	Conditions, if o		1	yene	M	u				1	100	y
	gove rise to i	mmediote (A THE STATE OF	//							/
	lying couse lost.) (0	:)		0						/	
CATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS <u>CONTE</u>	BUTING TO DEAT	H BUT NO	RELATED TO THE TER	MINAL DISEA	ASE CONDITION GI	VEN IN PAI		PERFOR	
CERTIFICATION		AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	CURRED. (E	nter noture of injury	in Port I or P	ort II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m.	lY Month, Doy, Ye	While	Not while_	0e. PLACE foctory,	OF INJURY (Home, fo street, office bldg., a	orm, 20f. (C	ity or town)	The same	(County)	-92	(Stote)
×	p. m.	19	of work	of work	7		100	-	*	-	101	
	21. I certify th	at tended the	1 0	7	2	_, 19(LQ, ta	Treat	2, 1965				
	alive an	4 5	19600	, and that d	death ac	curred at 430				e date :		
	ACTUAL	119Am	10/1	20		-	ADDRESS	(Stree), city or town,	stote)	2-1	DATE	SIGNED
	SIGNATURE	000111	- July	The state of the s	M.D.		10-2	1 vine	Z	2)	-6	
	PHYSICIAN'S NAME (Type)	WOM	fu	ne 7	ne		11	nd/				
22	o. BURIAL, CREMATIC REMOYAL (Specify)	N, 22b. DATE THEREC		NAME OF CEMET				ATION (City, town,			(Stote	
	Burial	2-8-60	St	.Michae	el's	Cemetery	FI	ostburg	,	1 30	Md	•
23	FLINEPAL DIPECTOR	C CICNIATURE		ADDRESS		101 05	C'D DV DEC	CTDAD 246 DEC	CTDAD'C C	CHIATLIDE		

Frostburg, Md.

TO HOSPITAL May be retain may be retain to FUNERAL DI Dodge 3 should

	Matrice of Columbia	Allowany Last Various				
	.f.,actzulnaev	ar (a) (S la la semilare)				
	1223 - 13th st. 1.1.	dangto Inlumetura 20				
03 a	Amonada anot	neigrabili adamali				
	10 1 H. B.L. (18. 10	a the way seem to be and				
ADR	ome (vice	.gred one release				
T patehilaeli .0.1) .U.	T. Delegation Suffrage of	nemrotika mromot byesov - 910-1921-91-9				
45-25-11	Service Commence	Processing the second of the s				
	The later of the second second					
	Miles Comments					
	Cernosty Prosterry	e'isabih.ti ob.9.c Terms				
		Joseph R. Durgt, Frostburg, 14.				

Reg. Dist. No.

r death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after afforth.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

a. COUNTY b. COUNTY				
	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)			
CIMBERLAND LDAYS X LONACONING				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
SACRED HEART 11 W.MAIN ST.				
3. NAME OF First Middle last 4. DATE Month	Day Yeor			
OF MARSHALL OF DEATH E. MARSHALL 2	27 19 60			
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS			
FEMALE WHITE WIDOWED DIVORCED 70 yrs.	hs Days Haurs Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY			
Housewife MARYT.AND	II C A			
Housewife MARYTAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	UaDalla			
DARRESTON CODETIES				
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address	PATTENCE CORFIELD MFORMANT Address			
(Yes, no, or unknown)				
NO NONE PT'S CHART 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] /	INTERVAL SETWEEN			
PART I. DEATH WAS CAUSED BY: CA CALL LE CAMP TO THE COMPANY PORT OF THE CAMPANY PORT O	ONSET/AND DEATH			
IMMEDIATE CAUSE (a)	9 Hack			
420. Due to Delacional tra Comme	40000			
conditions, if any, which gove rise to immediate (b) HTHeriosclewaic Coronary di-leng di	2 Jears			
cause (a), stoting the under DUE TO	year (
lying cause lost. (c) the tension, esternal				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART 1(a) PERFORMED? YES NO			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Doy, Year Not Industry of the Control o	(Caunty) (State			
p. m. 19 at work of work				
21. I certify that I attended the deceased fram 2 23/ 1900, to 2 / 1900 that I	I last saw the decease			
alive an 30% from the causes and an	the date stated above			
ADDRESS (Street, city or town, state)	DATE SIGNE			
SIGNATURE M.D.				
PHYSICIAN'S				
NAME (Type) George VASH, M.D. 27 MAIN ST, FROSTBURG, MI	0.			
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or count	ity) (State)			
Buriad Mar. 2. 1960 Hillcrest B urial park Cumberland.	Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE			
George Eichhorn Lonaconimg, Maryland DATEMAR 1 '60 Cullun	S. Flrank			

Andreas and the contract of th

MARYLAND STATE DEPARTMENT OF HEALTH

		1403 I+		TE OF DEATH	MORE I, MAKILAND	01411
	LACE OF DEATH	Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Allegany
t	Cumb e	outside corporote limits, write	c. LENGTH OF STAY IN 16 5 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland		
(d. NAME OF HOSPITAL (If not in hospital, give street oddress) 3 North Waverly Terrace			3 N. Wave	rly Terrace	e. IS RESIDENCE ON A FARM? YES NO (1)
1	NAME OF DECEASED Type or print)	First Samuel	Middle G •	Mastrino	4. DATE Mont	- 1
S. S	Male	6. COLOR OR RACE 7. MARR WIDOWE		Sept 25 189		IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a.	USUAL OCCUPATIO	N (Give kind of work done 10b. ing life even if retired)	& D RR.	USTRY 11. BIRTHPLACE (Stote Italy		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
		Mastrino		Carme		
(Yes		R IN U. S. ARMED FORCES? 16. If yes, give wor or dates of service)		Richard C. M	lastrino, Cur	mberland, Md.
		TH [Enter only one couse per lin	ne for (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACT	te Coronary C	cclusion		6 days
	420	O DUE TO				
	Conditions, if or		eriosclerotic	Heart disease	with Cardion	egaly, 3 years
	gove rise to in couse (o), stating t	DIJETO	coronary ins	ufficiency, ol	Ld (1957) poste	rior
_	lying couse lost.	(c)	myocardial i			
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	nal disease condition givi	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in I	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (State
	21. I certify that	(I) strict condition attend	led the deceased fram	February 21, 19	60 to February	26,9 60 that (1) (we) las

saw the deceased alive an February 22,60, and that death accurred at 1,00, from the causes and an the date stated above. 22b. DATE

22c. PHYSICIAN'S A

M.D. 22d. ADDRESS MED.

2-27-60

Algonquin Hotel, Cumberland, Md.

(Stote)

SIGNED

239. BURIAL, CREMATION, 23b. DATE THEREOF Feb. 29, 1960

24. FUNERAL DIRECTOR'S SIGNATURE
Byron Kight

23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cumberland, Md.

Wyand F. Doerner, Jr., M.D.

cem. 2So. REC'D BY REGISTRAR

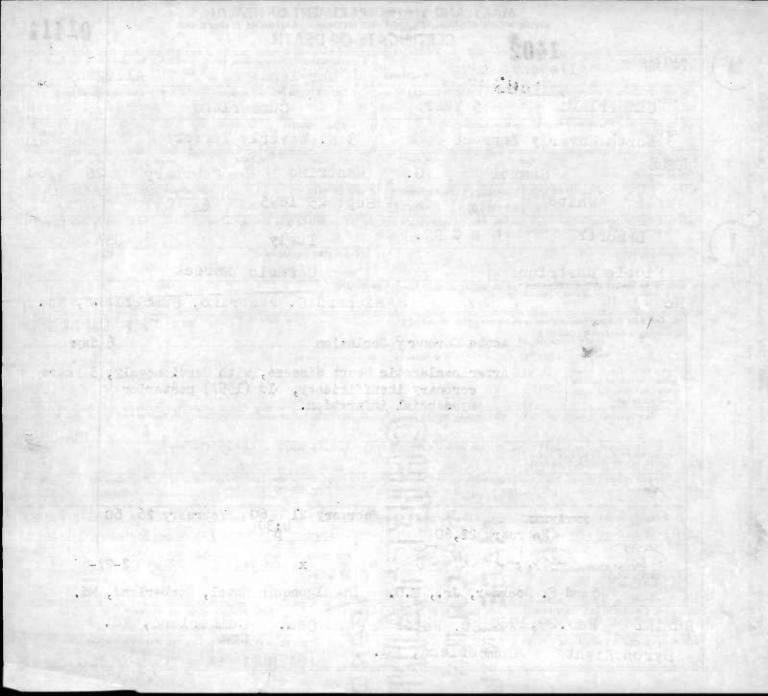
23d. LOCATION (City, town, or county)
Cumberland, Md. 25b. REGISTRAR'S SIGNATURE

arthur & House

the ottending physicion and completely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours papers. Pages obes ofter death. page 3 should be detached for use as the burial-transit permit-the State Board of Health prior to burial, cremation, or removal, may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed

VR A1S (4) 1SM 9/S9



TO HOSPITAL

VS A15 (4) 15M 10/57

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	,	J	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1402 CERTIFICATE OF DEATH

01412

		13							Reg. Dist	l. No.	
1. PLACE OF DEATH					2. USUAL RES	IDENCE (When	re deceased I	ived. If institution	n: Residence	e before adr	mission)
	Allegany		MARYLA	ND		Maryla	and	b. COUNTY	Alle	gany	
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, nearest town)	write	c. LENGTH OF STAY IN	16	c. CITY OR	TOWN (If ou	tside corporo	te limits, write RI	JRAL ond gi	ve nearest to	own)
Cumber	land,				Ud-Cu	mberla	and,				
OR INSTITUTION	TTAL (If not in hospital, give		ddress)		d. STREET		isian	a Ave.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First BERTHA		Middle ETHEL				4. DATE OF DEATH	Mont Fe l		27,	Yeor 60
5. SEX Female	6. COLOR OR RACE 7. White w	MARRI IDOWEI	**		DATE OF BIR			AGE (In years last birthdoy) yrs.		YEAR IF UN	NDER 24 HRS.
10a. USUAL OCCUPAT	ION (Give kind of work dor orking life, even if retired)	ne 10b. k	CIND OF BUSINESS OR	INDUST	RY 11. BIRTHI	LACE (Stole of	r foreign cou	ntry)	12. CITIZ	ZEN OF WH	IAT-COUNTRY
Housewi		0	wn home		Kir	gwood	. W.	Va.	1	J. S.	Α.
13. FATHER'S NAME					14. MOTHER	S MAIDEN NA	ME				a
Philli	p Martin				·	larrie	t Rob	ison			
1S. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCE: (If yes, give war or dates of servi-	ce)	None		FORMANT S. Jol	in H.	Newho	use 42	O III II	nberl	and na Av
154	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line	For (o), (b), and (c).]	C	arl	mar	na	of ute,		ONSET AL	BETWEEN ND DEATH
Conditions, if gove rise to couse (o), stating lying couse lost	the under-								162		7
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CONDIT	2	ONTRIBUTING TO DEATH	iti	us				EN IN PART	PER	AS AUTOPSY RFORMED?
ZOc. TIME OF INJU Hour o. m. p. m.	10	20d. IN While of work	_ Not while _	e. PLAC	CE OF INJURY ory, street, office	(Home, form, ce bldg., etc.)	20f. (City of	r town)	(Co	ounty)	(Stote)
21. I certify to alive on	w. F. Will	196	and that de	O e eoth	12	3:38,	AM, from DDRESS (Stree Cent	re St.	nd on the	ost sow the dote sto	ne deceased ated above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 226. DATE THEREOF		22c. NAME OF CEMETE Hillcrest		CREMATORY		2d. LOCATIO	on (City, town, o		,	tote)
23. FUNERAL DIRECTOR		Cum	ADDRESS berland, A				BY REGISTRA	R 24b. REGIS	TRAR'S SIGN	NATURE	

DATEMAR 2

Anne Ere dre versione			
	Control of the contro		
		and mark and sale	
	Trouble		
TOP CHARLES THE CONTRACTOR			
	The Water Spine Sp		

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 140 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01413

Reg. Dist. No.

1 PLACE OF DEATH				2 HELLAL DECEMBRICA	OAth and down	and the contract of the	Can Dale	h . f	
A COUNTY	legany		MARYLAND	2. USUAL RESIDENCE a. STATE Md.	(Where decease	b. COUNT		egan	
b. CITY OR TOWN and give negreet to	III Gonicle egeborate finite mult	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porate limits, write	RURAL ond	give nec	rest town)
	esterport		l Cay	X Rural-We	esternpe	ort			
		If not in ho	spital, give street address)	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?
Memioral	Hospital			R.D. 1					YES NO
3. NAME OF DECEASED	Fir		Middle	Last	4. DATE OF	Manth		Doy	Year
(Type or print)	STANLEY		Robert	McCLOUD	DEATH	Feb.	2	8	1950
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED 1 8	. DATE OF BIRTH		9. AGE (In years lost birthday)			F UNDER 24 HRS.
Male	White	WIDOWE		Nov. 19, 192		35 ym.	Months D	ays I	Haurs Min.
10a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retired)	dane 10b. I	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or fareign c	ountry)	12. CITIZ	EN OF	WHAT COUNTRY?
Miner		Cos	al Mine	Petersbur	g, W. Ve	a.	U.	S.A.	
13. FATHER'S NAME			CZ. 73	14. MOTHER'S MAIDEN	NAME				
Walter Mc	Oloud			Lucy Fin	ık				
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Address			
no	7.7,74 8.15 10. 0. 0.000 01		L	acy McCloud-	R.D.1 V	lesternno	rt, M	d.	
18. CAUSE OF DE	ATH [Enter only one cas	se per line	for (a), (b), and (c).]					INTERVA	L BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		LOBAR PNEU	MONIA. RIC	3HT			_	-4davs
490	X DUE TO					Will be a			I day 5
Canditians, if	/		PNEUMOCOCO	CUS				3.	-4days
gave rise to imme	ediate cause	100						0	- taays
(a), stating the cause last.	underlying (c)								
Z PART II. OT			ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19.	WAS AUTOPSY
ATIO		104							PERFORMED?
PART II. OT	ONTRIBUTING	b. DESCRIBI	E HOW INJURY OCCURRED. (E	nter nature of injury in Pa	art I ar Part II	of item 18.)			23
	JRY Month, Day, Yea	r 20d. I	INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, for	rm. i 20f. (City	or town)	(Cour	ity)	(State)
20c. TIME OF INJU		While		ory, street, office bldg., et	(c.)		(000)	.,,	(0.0.0)
			remains described abo	ve held on Auton	ev Er In	enestion [7]	Incular	Tar	A C' - A - A - A
			. Aceident . Sui					Lik	and find that
deall leadile	a iroii. Italolal	Caoses [A, Agacin [], 301	Lius [], Hamicia	ie 🔲, Un	determined c	ouse [].		
ACTUAL A	Benede	7	164	CHIEF MEDICAL I	EVALUATED [DATE SIGNED
SIGNATURE	sime ac	-1	Musaul	ASSISTANT MEDI	-				
EXAMINER'S NAME (Type)	B enedict	Skit	tarelic. M.D	250127 11501511			שייפוו	28	1960
22a. BURIAL, CREMATION REMOVAL (Specify	ON, 22b. DATE THEREO		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town, o		وسند	(State)
Burial	3/3/600	100	Laurel Hill	NAME OF TAXABLE	Mo	SCOW		Mo	d.
23. FUNERAL DIRECTO	R'S SIGNATURE	7.1	ADDRESS	24o. REC	D BY REGISTE		TRAR'S SIGN		MENE
CH: /	SUTAV	W	esternport, Md.	DATE	03' 2 0	and	w. S. H	round	
				PACE TO SERVICE AND ADDRESS OF THE PACE TO SERVICE	130				

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01414

	1405 MEDI			FDEATH	Reg. Dist. No.	
PLACE OF DEATH			2. USUAL RESIDENCE (Where dece			_ /
o. COUNT	Allegany	MARYLAND	o. STATE W. Va.	b. COUNTY	Minera	1 /
o. CITY OR TOWN (If	autside corporale limits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside o	orporate limits, write	RURAL and give nea	rest lawn)
	rland,	7 dys.	Ridgeley,		8.	5 X-3
d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS			ON A FARM?
Memoria	1 Hosp.		21 Potomac	Ave.,		YES NO TO
NAME OF DECEASED	First	Middle	Lost 4. DATE OF	Month		Year
(Type or print)	Margaret	Mary	McFarland DEAT	н Feb.	15,	19 60
SEX		MARRIED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IFUNDER TYEAR II	
Female	White WID	OWED DIVORCED	Apr. 9, 1922	last bichday) yrs.	Months Days I	fours Min.
		106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF	WHAT COUNTRY?
Housewif	g life, even if retired)	Own home	Cumberland,	Md.	U. S.	Ã.
FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
Harry	R. Ravenso	craft	Elizabet	h Grant		
WAS DECEASED EVI	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Ridgele	v. W. 1
No.	(If yes, give war or dates of service)	None Mr	. Paul F. McFa	rland 21	Potomac	Ave.,
18. CAUSE OF DEAT	TH [Enter only one cause per	r line for (o), (b), and (c).]			INTERVA	L BETWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Shock complies	ting hysterect	omv	2	hrs.
227	DUE TO	for Leiomy				
Conditions, if or	A					
gove rise to immed	diate cause					
(a), stating the cause last.	(c)			No Francisco		
PART II. OTH		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINALDISE.	ASE CONDITION GIV	EN IN PART 1(a) 19.	WAS AUTOPSY
12 To 16 To 1						PERFORMED?
20g. EXTERNAL CAL	JSE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED.	Enter noture of Injury in Port I ar Port	II of item 18.)		
20g. EXTERNAL CAL PRIMARY Or CON CAUSE OF DEATH.	TRIBUTING LI					
20c. TIME OF INJUR	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PL		Lity or town)	(County)	(Stole)
Haur a.m.	19	While Nat while tac	tory, street, office bldg., etc.)			
			ove, held an Autopsy 📆,	Inspection [X],	Inquiry (7),	and find that
	from: Natural caus			Undetermined c		and find file
Court resorted	/ / / / / / / / / / / / / / / / / / / /	7.	.o.qo, ridiilicide,	on doron mined c	П.	
ACTUAL /	Some 1. A	Xb. + . 0.1	CHIEF MEDICAL EXAMINER			DATE SIGNED
SIGNATURE	unedick x	stature.	M.D. ASSISTANT MEDICAL EXAMI	MARINE (MARINE)		
EXAMINER'S						
MAME /T.		+	DEPLITY MEDICAL FYAMINE	2 TT - 1		7000
NAME (Type) Be	enedict Ski	tarelic, M.D.	DEPUTY MEDICAL EXAMINES	CATION (City, town, o	uary 15,	1960 (State)

240. REC'D BY REGISTRAR

DATE FEB 1 8 '60

24b. REGISTRAR'S SIGNATURE

Cillin S. Kraus

VS. A15ME(5) 5M 9/55

TO DEPUTY

or removal.

23. FUNERAL DIRECTOR'S SIGNATURE

Wayne George Cumberland, Md.

HAT TO STO DISTRIBUTE SHAPE AND ADDRESS OF THE PROPERTY OF THE		
	CERTIFICATE OF DEATH	S. NEWWYXE XYCHIEW \$0 5.1
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VS A1S (4) 15M 9/5B

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18

1448 CERTIFICATE OF DEATH

8 ()1415 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Alle	gany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNT		
b. CITY OR TOWN (If outsi	de carporate limits, write	c. LENGTH OF STAY IN 1b	+	utside carporate limits, write	RURAL and give nea	rest tawn)
RURAL and give nearest		3 years	X Rural Me	Coole, Mary	land	
d. NAME OF HOSPITAL (IF OR INSTITUTION R.F.	nat in haspital, give street D. 3 Keyse		d. STREET ADDRESS	Keyser, W.		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Wil	First Liam	Middle Henry	lost Michael		anth Day	Year 19 60
		RIED NEVER MARRIED	B. DATE OF BIRTH		rs IF UNDER 1 YEAR	
	White WIDOW		March 17,	lost birthday) Months Days	Hours Min.
10a. USUAL OCCUPATION (Gi during most of working lif	ve kind of wark done 10b.	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
Miner	e, even il remedi	Mining	West Vi	rginia	U.S	.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
George	e Michael		Eva Bui	rgess		
1S. WAS DECEASED EVER IN U. Yes, no, or unknown) (If yes,	J. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT		of D. 3 K	eyser,W.
Conditions, if any, we gave rise to immed cause (a), stating the urlying cause lost. PART II. OTHER SIG	DUE TO	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMI	nal disease condition c	SIVEN IN PART 1(o)	PERFORMED?
PART II. OTHER SIGNAL OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH CAL EXAMINER)	CRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in t	Port I ar Part II of item 18.)		YES NO
20c. TIME OF INJURY Mo Hour o. m. p. m.	While	1	LACE OF INJURY (Hame, form actory, street, office bldg., etc.	, 20f. (City ar town)	(County)	(State
alive anACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Phil	llip & St lip G. Stagg	aggus		M, fram the causes of ADDRESS (Street, city or town 9 F	and an the date (n, state) eb. 1960	
REMOVAL (Specify)	11 Feb 60	22c. NAME OF CEMETERY Dayton	OR CREMATORY	22d. LOCATION (City, town	n, or county) Md	(State)
23. FUNERAL DIRECTOR'S STO	1 1/	ADDRESS To W. Va.	24g. REC		GISTRAR'S SIGNATUR	

PRACTICETACHTED = C.P. P.L. . A Company of the Co The second second

may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VR A1S (4) 1SM 9/59

L		347		
	1. PLACE OF DEATH O. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resonant State Maryland b. COUNTY A.	sidence before admission) llegany
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	ond give nearest town)
	Frostburg.	D.O.A.	X Route 1. Frostburg	
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES I NOT
ŧ	Miner's Hospital			
	3. NAME OF DECEASED (Type or print) Nettie	Fatkin	Middleton DEATH February	27th. 1960
T	S. SEX 6. COLOR OR RACE 7. MARI		B DATE OF BIRTH	DER TYEAR IF UNDER 24 HR
	Female White WIDOW	DIVORCED	Dec.10th, 1887 last birthday) Mon 72 yrs. Mon	,
1	10a. USUAL OCCUPATION (Give kind of work dane 10b. during mast of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fareign country)	CITIZEN OF WHAT COUNTRY
P	Housewife 0	wn housework	Maryland	USA
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
-	Joseph Fatkin		Jeanette Perry	
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)		IFORMANT Address	Rt. 1,
ı		Mr	s. Charles Hitchins, Box 10	94 F bg. Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost. DUE TO (c)	Typerte.	nsion	Several years
l	PART II. OTHER SIGNIFICANT CONDITIONS: 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U(IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPS PERFORMED? YES □ NO
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 1B.)	
	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a. m. 19 While p. m. 19	Not while foo	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)	(County) (Stot
	21. I certify that (I) (this haspital) attends saw the deceased alive an	1 10	leath accurred B 4.M, from the causes and an	1% D, that (I) (we) la
1	220. SIGNATURE) and more	redir decorred signature, main me eduses and an	22b. DATE
l	wometa	ne Mt	ATTENDING MED. STAFF PHYS.	Fef 28 196
	22c. PHYSICIAN'S NAME (Type) W. O. McLane	, '	22d. ADDRESS' 167 E. Main St., Fr	ostburg, Md
ı	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or cou	inty) (Stote)
-	Burial 2-29-60	F'bg.Memor:		Md.
1	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR	
	Joseph R. Durst, From	ostburg, Md.	DATE MAR 1 '60 Cutt	wy S. Kinese

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

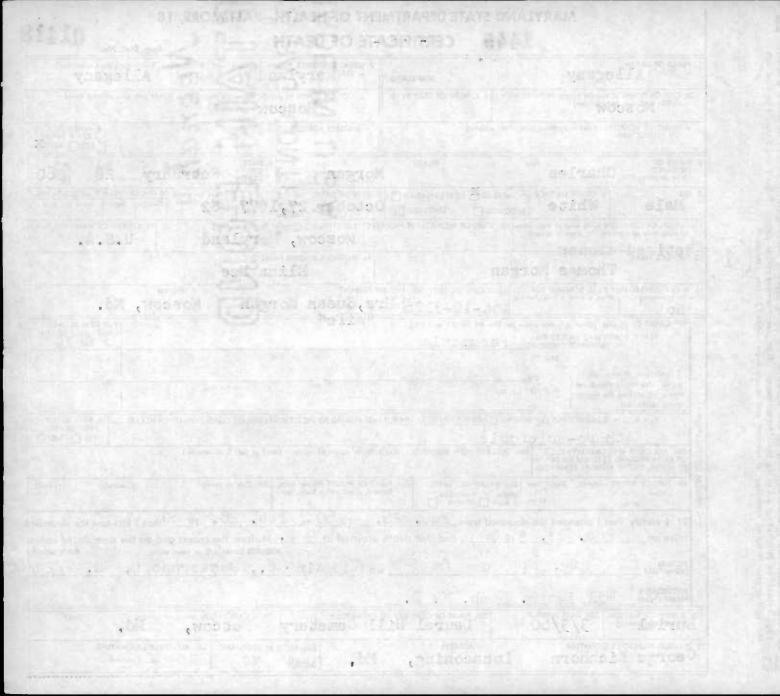
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PLACE OF DEATH	llegany	406	MARYL		O. STATE		sed lived. If insti b. COUN	TV.	nce before	_ /
b. CITY OR TOWN	If outside corporate limits, write f	URAL C.	LENGTH OF STAY IN	V 15	c. CITY OR TOWN (I		porate limits, wri			
and give nearest too	berland				Wiley F	ord		25 x	3	
	ITAL OR INSTITUTION (IF	not in hospital	, give street address)		d. STREET ADDRESS	Oz w			-	. IS RESIDENCE
	emorial Ho	spita	1							YES NO 2
3. NAME OF DECEASED (Type or print)	First Edwar		Middle Raymond	2772	ller	4. DATE OF DEATH	Fe	eb.	Day 7	Year 19 60
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	8. D/	ATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS.
Male	White	WIDOWED [DIVORCED	No	v.17,188	9	70 yrs		Days H	dours Min.
10a. USUAL OCCUPAT	ION (Give kind of work do ing life, even if retired)	ne 10b. KIND	OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State	e ar fareign c	country)	12. CITIZ	ZEN OF V	WHAT COUNTRY
	Conductor	Ra	ilroad		Sleepy	Creek	, W. Va.		USA	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
Joh	n N. Mille	r			Angeli	ne	??			
15. WAS DECEASED E	VER IN U. S. ARMED FORCE		TAL SECURITY NO.	17. INFO			Addre	55		
no	(11 /0.7 g. 0.01 0.1 0.1 0.1 0.1 0.1	,		Mrs	Edward	R. M	iller,	Wiley	For	d, W. Va
	ATH [Enter only one cause	per line for (o), (b), and (c).]						ONSET A	L BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1000	Corona	ry (occlusion (Sud	den
4-20.1	DUE TO		1,22							
Conditions, if			Coro	nary	Scleros	is		de la company		
gave rise to imm (a), stating the										
cause last.	(c)_									
PART II. OT	THER SIGNIFICANT CONDI	TIONS CONTR	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	AINALDISEAS	E CONDITION G	IVEN IN PART		WAS AUTOPSY PERFORMED?
PART II, OT	AUSE WAS 20b.	DESCRIBE HO	W INJURY OCCURRI	ED. (Enler	nature of injury in Pa	rt I or Part II	of item 18.)	1410		
Y 20c. TIME OF INJU Hour o. m. p. m		20d. INJU While at work	Not while	PLACE (foctory,	OF INJURY (Home, farr street, office bldg., etc	m, 20f. (City	or town)	(Cov	nty)	(Slate)
21. I certify	hat I took charge	of the rem	ains described	above	held an Autops	sy 🔲, II	nspection T	, Inquir	y 13.	and find tha
death resulte	d from: Natural co	uses 📆,	Accident [],	Suicid	e , Homicide	e T. Ui	ndetermined	cause \square		
	1	0	/	,						
ACTUAL SIGNATURE	Denedert	- Ske	tarella	/ "	CHIEF MEDICAL E	XAMINER [C	DATE SIGNED
				T	ASSISTANT MEDIC	CAL EXAMINE	R 🗍	-		3000
EXAMINER'S NAME (Type)	Dr. Benedi	ct Sk	itarelic	: MD	DEPUTY MEDICAL	EXAMINER [3	F.e	ep.7	7,1960
220. BURIAL, CREMATI	ON, 226. DATE THEREOF		NAME OF CEMETER		MATORY	22d. LOCA	TION (City, town	, or county)		(State)
Burial	Feb.10.1	960 D	avis Mem	noria	al Cemete	ry Cu	mberla	nd, Mo	d.	
23. FUNERAL DIRECTO		63.10	ADDRESS			D BY REGIST	1 -	SISTRAR'S SIG		
James F.	Scarpelli,	Cumb	erland,	Md.	DATEET	B 9 '60	Ca	than S. M	tralle	

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SPITAL C ITENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 H	be retained by the haspital ar attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled	3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 c	
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1449 CERTIFICA	ATE OF DEATH Reg. Dist. No. 01418
PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATMARYLAND b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL MIDS COW) town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MOSCOW
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\square\) NO (4)
NAME OF DECEASED (Type or print) Charles First Middle	Morgan 4. Date Of Pebruary 28 19 60
	B. DATE OF BIRTH October 27,1877 9. AGE (In yeors life UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired minner	11. BIRTHPLACE (Stole or foreign country) Moscow, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.
Retired minner Thomas Morgan	14. MOTHER'S MAIDEN NAME Eliza Lee
	informant Address irs, Susan Morgan Moscow, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 CRYS
lying couse lost. (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Athero-sclerosis 200. Accident was underlying 20b. Describe how injury occurre or contributing Cause of Death (IF Either, Notify Medical Examiner)	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work 19 of work 19	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) 20f. (City or town) (County) (State)
111:00 - 1 // 1 1 1	h accurred at 9 Pe M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED M.D. 84 Main St., Westernport, Md. 2/29/
Burian (Pecify) 27b. Date THEREOF 27c. NAME OF CEMETERY O Laurel Hi	P CREMATORY 22d. LOCATION (City, town, or county) (Stote) MOSCOW, Md.
George Eichhorn Lonaconing,	Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur S. Thomas



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Page Health MARYLAND Allegany Allegany files. b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town) 0 Lifetime Eckhart Frostburg, Md. e. IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO Frosthurg, Md. NAME OF Middle Month Day DECEASED OF 1960 DEATH (Type or print) William Pape 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years 5. SEX IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Male White WIDOWED 2-22-1902 58 yrs. DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? oge puo during most of working life, even if retired) U. S. Coal Wines Eckhart Winer. ive Pages farm PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Mary Ethel Holsinger lliam form File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) R.D. #3 Frostburg.Md. Mrs. Wm. Pape. 213-09-6441 XXXXXXXXXXXXXXX INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) PRIMARY TO OF CONTRIBUTING TO 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Day, Year (State) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not while o. m of work of work 21. I certify that I took charge af the remains described above, held on Autopsy Inspection ond in my Suicide . Hamicide . opinion death resulted from: Natural causes . Accident . Undetermined monner shauld be farwarded FUNERAL DIRECTOR DATE SIGNED designated ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stole) REMOVAL (Specify) Md. Frostburg 0 Eckhart Cemetery Burial 24o. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23-FUNERAL DIRECTOR'S SIGNATURE Hafer VS. ALSME Frostburg, Md. 5M 2/57

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PRATE HOR.

William W

TOTAL STREET

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1408 C	ERTIFICATE	OF DEATH
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Reg. Dist. No. 1422

1. PLACE OF a. COUNT		MARY		USUAL RESIDENCE (WI b. STATE Maryl		l lived. If institution b. COUNTY			on)
	R TOWN (If outside corporale limond give nearest lown)	its, write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write R)
d. NAME	or Land OF HOSPITAL (If not in hospital, g	years give street oddress)	s (d. STREET ADDRESS	erland			e. IS RESI	IDENCE FARM?
	denderson Boule	vard	'	227 Hender	rson B	oulevar	d		NO 🔀
3. NAME OF DECEASED	Fi			Last	4. DATE OF	Mon	oth [Day Y	eor .
(Type or p	rint) FANNIE	ELIZABETH	PAU	PE	DEATH	Februa	ary 16	1	9 60
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRI	ED 8. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 YEA		
Female	White	WIDOWED DIVORCE	D Au	g. 25, 188	39	70 yrs.	Months Doys	Hours	Min.
10a. USUAL (OCCUPATION (Give kind of work nost of working life, even if retired	done 10b. KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN	OF WHAT CO	DUNTRY?
Hous 13. FATHER'S	sework	At Home	[1/	Cumberlar		ryland	USA	1	
			"			n			
HEN	IRY PAUPE EASED EVER IN U. S. ARMED FOR	RCES? 16. SOCIAL SECURITY NO	INFO	SOPHIA	RITTE	Add			
(Yes, no, or unkr). INFO	MANI		Addi	(6)		
no		none	Ruth	Paupe, 227	Hend	erson Bl	Lvd. Cur	berla	and
P / '	PART I. DEATH (Enter only one content of the conten	Carci	inte	natosi	1.6	Lorse	e or	NSET AND	DEATH
couse (couse (co	rise to immediate o), stating the under- ouse lost.	Yeme	ATH BUT NOT	Q M	6-10	LST	/FN IN PAPT I(a)	10 WAS A	AUTOPSY
CATIO	AN III OTTER STORTINGART CO.	CONTRIBUTION TO DE	AIII BOT NOT	RECOTED TO THE TERM	III TAL DISEAS	e continuit on	(E) (1 (1 (A) (1 (0)	PERFO	RMED?
OR CON	CIDENT WAS UNDERLYING [] ITRIBUTING [] CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY O	CCURRED. (E	nter noture of injury in	Port I or Port	t II of item 1B.)			
	E OF INJURY Month, Doy, Ye our o. m. p. m. 19	20d. INJURY OCCURRED While Not while of work of work		OF INJURY (Home, form street, office bldg., etc		or town)	(Caunt	у)	(Stote)
21. I c alive of ACTUAL SIGNATU PHYSICIA NAME (1	URE ANS W E Will		death ac	122 So.	ADDRESS (Si	the causes an	stote)	te stated DATI	
REMOVA	CREMATION, 22b. DATE THERECAL (Specify) 2/19/60					TION (City, Iown,	4	(Stote	9)
Burial	DIRECTOR'S SIGNATURE) Greenmoun:	L Ceme				aryland		
		erland, Maryla	and	24a. REG	FEB 23		Lithua S. M		

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TOWN SATISFIES AND

untal Calley 50 Grammunt Jene John J. Harry Land

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TO HOSPITAL C

VR A15 (4) 15M 9/59

death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	_	CERTIF	CATE	OF	DEA	
4 /	00	CERTIF			IJFA	
F / 2	4 5 1-2	CEIVIII		~		

		ALLEGANY		MARY		a. STATE MARY		d lived. If instituti b. COUNTY		GAN		ion)
	b. CITY OR TOWN (IF RURAL and give no CUMBERLA		ts, write	IO DAYS	IN 16	c. CITY OR TOWN	(If outside corpo ERLAND	prote limits, write R	RURAL ond g	give near	rest town)
	d. NAME OF HESPIA OR MEMORIA	L"HOSPITAL L & WARWIC	ive street o	ddress)		d. STREET ADDRES		CK STREE	т	•	ON A	IDENCE FARM? NO
	NAME OF DECEASED (Type or print)	Fir A	NNA	Middle		POSSELT	4. DATE OF DEATH	Mor FEB	RUARY	Day 23		Year 19 60
5.	FEMALE	6. COLOR OR RACE WHITE	7. MARRI	ED NEVER MARRIE		APRIL 14		9. AGE (In years last birthdoy) 67 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.
	during mast of work	N (Give kind of work of ing life, even if retired	done 10b.	Home	1	GERMAI	NY	country)	12. CITI	U.S		OUNTRY?
13.	FATHER'S NAME	ELENDER				14. MOTHER'S MAID		- FD				
15		I LLENUER	CES2 14 9	SOCIAL SECURITY NO.	17. INFO		A SWEITZ	.E.K Add	Iress			
	s. non-er unknown)	If yes, give wor or dates of s		pone		MORIAL HOS	SPITAL		ERLAND), M	ARYL	AND
		n mediote	けるか	e for (o), (b), and (c).	dro-	melli	of des	e e e e e e e e e e e e e e e e e e e		ONS	RVAL BE'ET AND	DEATH
CERTIFICATION	20a. ACCIDENT WA	ER SIGNIFICANT CON		ONTRIBUTING TO DEA				E CONDITION GIV	VEN IN PAR	1(0)/1/5	PERFO YES	
MEDICAL CE	20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	20d. IN While of work	JURY OCCURRED Not while of work	20e. PLAC foctor	E OF INJURY (Home, ry, street, affice bldg.	farm, 20f. (Cit	y or town)	(0	County)		(Stote)
	21. I certify that saw the decease 220. SGNATURE 22. PHYSICIAN'S NAME (Type)	ØR. GEORGE	SIMO	19(, and	that dec	ath accurred at	MED. DIRECTOR	STAFF PHYS.	-d		stated 22t	abave. b. DATE SIGNED
230	D. BURIAL, CREMATION DEMOVAL (Specify)	N, 23b. DATE THEREC	10	23c. NAME OF CEME	TERY OR O	PAREMATORY PA	B 23d. LOCA	TION (City, town,	lon	2	My (Stote	2
24.	FUNERAL DIRECTOR'S	SIGNATURE	Du.	ADDRESS	. h		REC'D BY REGIS		istrar's sic			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01424

		MI	DICA	L EXAMINE	C3 CER	IIFICA	IE OF	DEATH	Reg. [Dist. No	o .	
	PLACE OF DEATH		1	410	2. USUAI	RESIDENCE (V	Vhere decease	ed lived. If institu	tion: Resid	dence be	fare odm	ission)
	o. COUNTY	LLEGANY		MARYLA	ND O. STA	MAR MAR	YLAND	b. COUNT	Y ALI	EGA	NY	
-	b. CITY OR TOWN III	autside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	1b c. CIT	OR TOWN (IF	autside corp	orate limits, write	RURAL or	nd give r	nearest to	wn)
		BERLAND			X	CUM	BERLAI	ND				
	d. NAME OF HOSPITA	AL OR INSTITUTION	If not in hos	pital, give street address)	d. STRI	ET ADDRESS			100	965		ESIDENCE A FARM?
	SACR	ED HEART	HOSE	PITAL		R.F	.D. #	5 Box	168			NO [X
	NAME OF DECEASED	Fie	st	Middle		Last	4. DATE	Manti	h	Day		/ear
	(Type or print)	BENJAM	IN FF	RANKLIN	RIFFEY		DEATH	2		27	1	1960
5. 5	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	B. DATE OF E	HRTH		9. AGE (In years last birthday)	IF UNDE Months		Hours	ER 24 HRS.
	Male	White	WIDOWE	D DIVORCED	3-30	-77		82 yrs.	Monins	Days	Hours	Min.
10a	. USUAL OCCUPATIO	ON (Give kind of work g life, even if retired)	done 10b. I	CIND OF BUSINESS OR INC	OUSTRY 11. BIRT	HPLACE (State	or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
	Laborer			Celanese Co	rp Lo	st Cit	ty, W	.Va.		T	ISA	
13.	FATHER'S NAME				14. MOTH	ER'S MAIDEN N						
		Harvey R				Elizal	beth 1	Miller		100		
	was DECEASED EVI	ER IN U. S. ARMED FO	servicel		7. INFORMANT			Address			168	Md.
	No		22	20-07-6996	Mrs. R	achae.	1 S.R:	iffey R	·D • #	45	Cu	mb.
		TH [Enter only one ca	use per line	for (a), (b), and (c).]							RVAL BETWEET AND DE	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o		Coronary	7 Occlu	usion]	0 D	ays
A	4-20.	DUE TO										
	Canditians, if a			Coronar	ry Scle	rosis	, Mar	ked				- mi
9	gave rise to immed (a), stating the u											
	cause last.) (c)									
S S	PART II. OTH		-	ONTRIBUTING TO DEATH B						RT 1(o)	PERFC	AUTOPSY DRMED?
CAT				lerosis wit					S		YES X	NO 🗆
CERTIFICATION	PRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter nature	af injury in Par	t I or Part II :	of item 18.)				
MEDICAL	20c. TIME OF INJUI	Y Month, Day, Ye	or 20d. While	INJURY OCCURRED 20e.	PLACE OF INJU	RY (Home, farm	20f. (City	ar tawn)	{Ce	ounty)		(Stote)
ME	p. m.	19	at wo	ork at work								
				remains described o				spection A,	Inqui	iry 🛮	and	find that
	death resulted	from: Natural	causes 5	Accident [],	Suicide,	Homicide	. Un	determined o	cause [].		
		2 , '	+ 1	0'1- 11			7				DATE	SIGNED
	ACTUAL SIGNATURE	renedic	6 XX	estarelic		EF MEDICAL EX	_					
	EXAMINER'S					ISTANT MEDIC		-				
	NAME (Type)			arelic, M.I		UTY MEDICAL			rual		27,	1960
220	REMOVAL (Specify)	N, 226. DATE THERE		22c. NAME OF CEMETERY			22d. LOCAT	TON (City, town,	ar county)		(Stai	le)
	Burial	3/1/6	0	Hillcrest	Buria			nberlan				d
23.	FUNERAL DIRECTOR			ADDRESS			D BY REGISTI					
	H. Wavn	e George	Cu	mberland.	Md.	DAMAR	2 '60	Un	mus S.	Than	4	

Cumberland, Md.

VS. A15ME(5) 5M 9/55

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Wayne George

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		PARTY AND THE	

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1

1411 CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Allegany MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,
d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION 417 Winmer St.,	d. STREET ADDRESS 417 Winmer St., e. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF First Middle (Type or print) AGNES	RILEY 4. DATE Month Peb. 25, Yeor 60
S. SEX Female 6. COLOR OR RACE White Widowed NEVER MARRIED DIVORCED	8. DATE OF BIRTH 6/14/71 9. AGE (In years left UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own home	Allegany Co. Maryland U. S. A.
13. FATHER'S NAME Harrison Murphy	14. MOTHER'S MAIDEN NAME Susan Conrod
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service)	rs. Freida M. Hyde 417 Winmer St.,
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Morearditia interval Between ONSET AND DEATH
Conditions, if ony, which) DUE TO Herralis	edertironiliron
gove rise to immediate couse (a), stating the under-lying couse lost.	erafage -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port 8 or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work /	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or lown) (County) (State)
21. I certify that I attended the deceased from \$\frac{1}{2} \frac{1}{2} \text{gard that deceased from \$\frac{1}{2} \text{that deceased from \$\frac{1}{2} that deceased from \$	$\frac{2}{3}$, 19, to $\frac{2}{2}$ / $\frac{25}{6}$ 019, that I last saw the decease

ADDRESS (Street, city or town, stote)

PHYSICIAN'S NAME (Type) Williams M. D. J. Richard

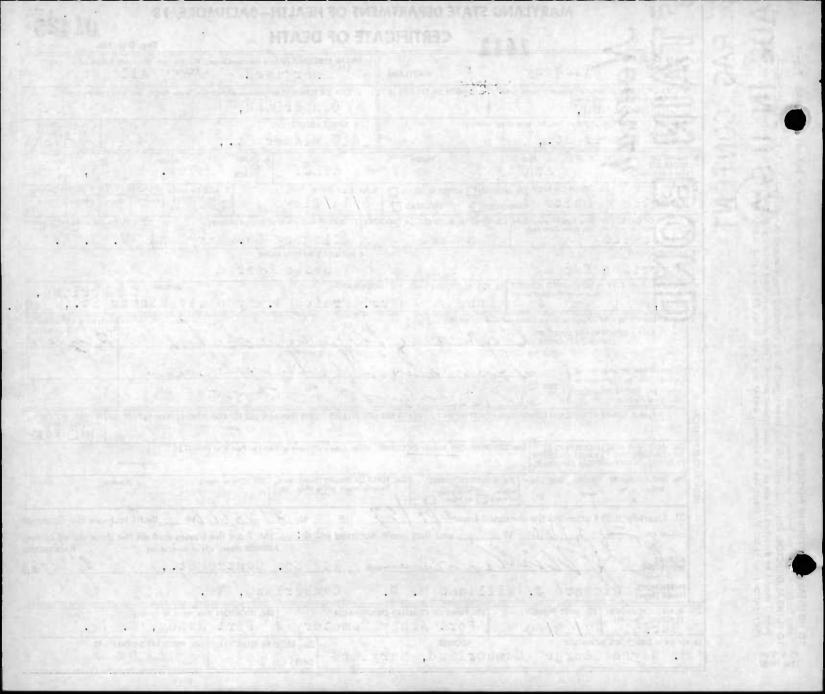
Cumberland, Md.

DATEFEB 2 9 '60

122 So, Centre St

220. BURIAL, CREMATION, Parameter REMOVAL (Specify) 2/28/60 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Fort Ashby Cemetery Ashby, W. Va. Fort 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR Cirthur S. Kraus H. Wayne George Cumberland, Maryland

TO HOSPITAL VS A15 (4) 15M 10/57



1451

CERTIFICATE OF DEATH

			U	IL.	4	4
Reg.	Dist.	No				

1. PLACE OF DEATH o. COUNTY Allegany		MARYLA		USUAL RESIDENCE	(Where decease	ed lived. If instituti b. COUNTY		before odmis	ssion)		
b. CITY OR TOWN (If outside corporate fir RURAL and give nearest town)	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
		18 Yrs.	>	Barton			173				
d. NAME OF HOSPITAL (If not in haspital, OR INSTITUTION	give street	address)		d. STREET ADDRESS				ON	SIDENCE A FARM? NO		
3. NAME OF DECEASED (Type or print) Fannie	irst	Susan Middle	Rit	chey	4. DATE OF DEATE	Mor Feb.	nth S	Day	Yeor 1960		
5. SEX 6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		ate of Birth	868	9. AGE (In years last bigthday) yrs.	Months Do	YEAR IF UND	-		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire House wife	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (St Marylan		country)		S.A.	T COUNTRY		
13. FATHER'S NAME			1	. MOTHER'S MAIDE	N NAME						
Benjiman F. Myers	3			Cathe	rine Gr	reen					
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	lress				
no			Ale	da Warnic	k Lo	naconing	, Md.				
gove rise to immediate cause (a), stoling the under. PART II. OTHER SIGNIFICANT CO PART II. OTHER SIGNIFICANT CO 20g. ACCIDENT WAS UNDERLYING FI	(c) (c) (20b. DES	CONTRIBUTING TO DEATH	6				VEN IN PART 1	(o) 19. WAS PERFY	DRMED?		
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Month, Doy, Y Hour o. m. p. m. 19	ear 20d. II While of wor	Not while	De. PLACE factory	OF INJURY (Home, fi street, office bldg.,	orm, 20f. (Cit efc.)	y or town)	(Cou	enty)	(State)		
21. I certify that I attended the deceased fram. Feb. 2., 1960, to Feb. 9., 1960, that I last saw the deceased											
alive on											
SIGNATURE SCALE	1/2	Masn.	> M.D.	111 Ash Fie	1d 5t.	Redment,	WVc.		-10-6		
PHYSICIAN'S Paul R	. 11	1.15m	4.D								
REMOVAL (Specify) 2/11/60	OF)	Laurel Hi	ery or cr		22d. LOCA	ATION (City, town,	or county)	(Sta	te)		
23. FUNERAL DIRECTOR'S SIGNATURE	We	ADDRESS esternport,	Md.		EB 1 2 1		STRAR'S SIGN				

VS A15 (4) 15M 10/57

and the same of the same	GERTIFICATE OF DEATH	1521	
	Harris M. James J.	- 12 P	Marin San Marin
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1419 CERTIFICATE OF DEATH

01427

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1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARYLAN	here deceased lived.	If institution: Reside	GANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF CO CUMBERL		its, write RURAL and	give nearest town)
d. MANUARTIAL & WARWICK AVES		/d. STREET ADDRESS KELLY	BLVD.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) HIRAM	Middle D •	ROBINSON	4. DATE OF DEATH	Month	12 19 60
5. SEX 6. COLOR OR RACE 7. MARR MALE WHITE WIDOWE	ED 🕅 DIVORCED 🗌	8. DATE OF BIRTH 6-16-1903	56	birthdoy) Months yrs.	Days Hours Min.
	KIND OF BUSINESS OR INDU	RAWLINGS			TIZEN OF WHAT COUNTI
13. FATHER'S NAME HARRY ROBINSON		14. MOTHER'S MAIDEN N		ura Deff	Sinbaugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Ilf yes, give wor or dates of service)	A STATE OF THE PARTY OF THE PAR	NFORMANT EMORIAL HOSPI	TAL CU	Address MBERLAND,	MARYLAND
18. CAUSE OF DEATH [Enter only one couse per lir PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).]	the Right	Lung 4	ite_	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	Melasta	ves.	3		
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> C)					
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONE	DITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of it	em 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 While of work	(County) (State				
21. I certify that I attended the decease					
ACTUAL SIGNATURE Calin Y. Had	drain drain		PM, from the ADDRESS (Street, cit		the dote stated obar DATE SIGN
PHYSICIAN'S DR. CALVIN HADID	IAN				
270. BURIAL, CREMATION, Page 12. Page 14. Page 1	22c. NAME OF CEMETERY O	R CREMATORY Burial Par		ity, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cu	ADDRESS amberland, Md	24a. REC'I	B 2 3 '60	24b. REGISTRAR'S SI	GNATURE

may be retained by the hospitol ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, or remaval, and in any event within 72 hours offer death.

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL O VS A15 (4) 15M 10/57

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4 In Hill Hall (Hall Hall Hall Hall Hall Hall H					

death. Page 4

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			11	413 CERT	IFICAT	E OF DEATH			Reg. Dist. No.)	
	PLACE OF DEATH				li li	USUAL RESIDENCE (Who	ere deceased l	lived. If institution	n: Residence befa	re admissio	an)
	ALLEGANY			MAR	YLAND	MARYI	AND	b. CO01411	ALI	EGAN	Y
	b. CITY OR TOWN (If RURAL and give ne	autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a	utside carpora	te limits, write RU	RAL and give nec	rest tawn)	
	CUMBERTA			J. DAYS	16	2 CUMBERT	AND	(Ruca)	-)		
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET ADDRESS				e. IS RESID	DENCE
	OR INSTITUTION	RED HEART	HOSP:	ITAL	- 1	17 WEE	BER ST.			YES T	
	NAME OF DECEASED (Type or print)	FRANK	st	JOSEPH		Lost RUPPERT	4. DATE OF DEATH	Manti	23	,	ear 9 60
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED T B. C	PATE OF BIRTH 18	74 9	. AGE (In years	IF UNDER 1 YEAR		
	MALE	WHITE	WIDOW	N.	_	OCT. 25,x3	1875 8	35 (1) yrs.	Manths Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.		OR INDUSTRY	11. BIRTHPLACE (State			12. CITIZEN OF	WHATCO	DUNTRY?
	Retired Pa	ing life, even if retired armer	C	wn Farm		MARYLAND	, Cumbe	erland	US	A	
13.	FATHER'S NAME		15-77		1	4. MOTHER'S MAIDEN N	AME				
	JOSEPH R	UPPERT				THERESA HE	ELMSTET	TER			
15.		IN U. S. ARMED FOR		SOCIAL SECURITY NO). INFO	RMANT		Addre	958	- 14	
	no, or unknown)	If yes, give war or dates of s	ervice)	none	PA	TIENTS CHART	1				
	18. CAUSE OF DEA	TH Enter anly ane ca	use per li	ne far (a), (b), and (c)		^ =	,			ERVAL BET	
	Canditians, if or gave rise to in cause (a), stating the lying cause last.	the <u>under-</u> DUE TO	Cl	Brond	Me	Joeard's	tiv	d	/	O YI	of s
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	EATH BUT NO	T RELATED TO THE TERMII	NAL DISEASE (CONDITION GIVE	N IN PART 1(a) 1	PERFOR	UTOPSY MED? NO []
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED. (Enter noture af injury in P	art I ar Port I	I af item 18.)			
MEDICAL	20c. TIME OF INJURY Havr a. m. p. m.	Y Manth, Day, Ye	While of wor	NJURY OCCURRED Nat while at wark		OF INJURY (Hame, form, ,, street, affice bldg., etc.		ir tawn)	(County)		(Stote)
	actual signature	at I attended the	decease, 19	20 and that	M.D	11-11-1	M, fram the	13 or 1960,1 ne causes and petroity or town, s LULLILE	d an the date	stated DATE	
220	BURIAL, CREMATION	2.25 DATE THEREC	60	22c. NAME OF CEM		REMATORY Calkoli		ON (City, town, a		(Stote)	0
23.	FUNERAL DIRECTOR'S	SIGNATURE	/	ADDRESS	0	24g. RECH	EB REGISTR		TRAR'S SIGNATU	RE	-

CHEMINAL - HEART OF TRACE VEG TEATE MENTALM

LITARG HO STADISTICAL STATE OF DEATH

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	(Braze) U. Ugu apaio		
	No. 10 AND VE. 1		(1,200) (Ext. 6)
	TO CHARLE TO SEE BY		
	The sale of the sales and the sales		Fisch Table
	to the Landson Committee C	101110	
	ENGLISH BETTO		The same All 1991
	A LE REPUBLIC	0.1961	10

FOR STATE HEALTH DEPT.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4/19	Reg. Dist. No.							
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
o. COUNTY Allegany MAR	o. STAMaryland b. Callegany							
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Lonaconing	X Lonaconing							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddre	d. STREET ADDRESS e. IS RESIDENCE							
Allegany Street	Allegany Street							
3. NAME OF First Middle	Lost 4. DATE Month Day Year							
(Type or print) PLAYFORD ROSSWELL	SAVAGE DEATH 2/14/1960 19							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	land blink don't							
Male White WIDOWED DIVORCED								
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Retired Carpenter	Oakland, MD. U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Winifred Savage	Mary Savage							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) It yes, give war or dates at service)	. 17. INFORMANT Address							
No	Mrs. Mae Savage Lonaconing, MD.							
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (cf.)	(WIFE) /) INTERVAL BETWEEN (CINSEL AND DEMO)							
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ic Kemerrhage Budden							
5400 DUETO /01/	Ceneral							
Conditions, if ony, which) (b) Last	ric. (1800)							
gave rise to immediate cause	years years							
(c), stating the underlying DUE TO								
	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CCU RIMARY OF CONTRIBUTING TO CONTRIBUTING TO CCU CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Yeor Of Course of While Of Work of Work of Work To twork To twork To twork To twork To Course Of The Course Of T	PERFORMED? YES NO X							
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of item 18.)							
FRIMARY Or CONTRIBUTING CAUSE OF DEATH.								
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2	10e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)							
Hour o. m. While Not while p. m. 19 of work of work	factory, street, office bldg., etc.)							
21. I certify that I took charge of the remains describe	d abave, held an Autapsy , Inspection , Inquiry , and in my							
Acci	dent, Suicide, Hamicide, Undetermined manner							
ACTUAL /// mc	CHIEF MEDICAL EXAMINER TO DATE SIGNED							
SIGNATURE () [] June	M.D. CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER []							
EXAMINER'S WO. MCLONemill	ast DEPUTY MEDICAL EXAMINER 1966							
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMET	ERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)							
Burial 2/16/1960 Hilcres	s Cemetery Cumberland, MD.							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
George Cichow Lonaconi	ng. MD. DATE FEB 1 9'60 Crithun S. Frank							

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY		14	I. 4		2. USUAL RESIDENCE	Where decea	sed lived. If institu b. COUNT	Y	ence bef		ission)
1	b. CITY OR TOWN (II	b. CITY OR TOWN (If outside corporate limits, write RURAL on and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL on and give nearest town)										wn)
1	Cumber	l an d				02 Chumh	erland					
,			f not in ho	ospital, give street oddress)	d. STREET ADDRES					e. IS R	ESIDENCE
1	Sagnad	Heart Hos	nital			/ 101	Decatur	Street				A FARM?
1	NAME OF	Fir	-	Middle		Last	4. DATE	Month	h	Day	Y	'ear
	(Type or print)	Art	hur	6	1	Schlunt	DEATH	Feb		8		960
1	S. SEX			RED NEVER MARRIED	8.0	ATE OF BIRTH		9. AGE IIn years	IF UNDER	TYEAR	IF UND	ER 24 HRS.
	Male	White	WIDOW	ED DIVORCED	Se	pt 19, 191	2	lost birthday)	Manths	Days	Hours	Min.
T			ione 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (SI	ote or foreign		12. CIT	IZEN OI	TAHW	COUNTRY?
	Salesman	life, even if refired)	Au	atomobile		Maryland			U.	S.	Δ.	
1	13. FATHER'S NAME				1	4. MOTHER'S MAIDE					***	-
1	John C	onrad Schl	unt.			Alma Cat	hanina	Uantman				
	15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. INF	DRMANT	Weiling	101 Address	ntiin	Str	aet	
	Yes, no. or unknown)	W W II		14-05-4454	Mrs.	Virginia	Schlun	Cumber!	and.	Mar	rlan	d
F	18. CAUSE OF DEAT	H [Enter only one cau	se per line	e for (o), (b), and (c).]				0.0000022	,	INTER	VAL BETWE	EEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary Occlusion Sudden											
1	420. / DUE TO											
		Conditions, if ony, which) (b) Coronary sclerosis with thrombosis										
	gove rise to immedi	gove rise to immediate cause										
-	(o), stoting the ut	(c)					G. 174.	Joseph St.				
	PART II. OTHE		DITIONS C	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TE	RMINALDISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1		
	Ĭ.									1	PERFO	RMED?
	PART II. OTHE	SE WAS 20	b. DESCRIE	BE HOW INJURY OCCUR	RED. (Ente	er noture of injury in	Port I or Port II	of item 18.)	3			
	CAUSE OF DEATH.	IKIBUTING LI										
	20c. TIME OF INJURY	Month, Day, Yes			PLACE	OF INJURY (Home, f	orm, 20f. (Cit	y or town)	(Co	unty)		(Stole)
	Hour a.m.	19	Whi at w	ile Not while or work	ractory	, street, office bldg.,	eic.)					
	21. I certify the	at I took charge	of the	remains described	above	, held an Auto	psy III.	nspection X.	Inquir	y [X]	and	find that
	death resulted	from: Natural	causes 1	Accident .	Suicie	de 🗍, Homici	de 🗍 U	ndetermined o	ause 🗔			
		1 +	1	Clac-	1					1-10		
	ACTUAL SIGNATURE	Denecho	P	kitarele	e	CHIEF MEDICAL	EXAMINER [DATE S	IGNED
						ASSISTANT MED	DICAL EXAMINI	R 🔲				
1	EXAMINER'S NAME (Type)	Benedict	Skita	arelic, M.D.		DEPUTY MEDICA	AL EXAMINER	A Feb.	8, 19	60		
2	20. BURIAL, CREMATION			22c. NAME OF CEMETER		REMATORY	22d. LOCA	TION (City, town,	or county)		(Stote	e)
	REMOVAL (Specify) Rurial	2/11/60		Hillcrest H	Buria	21 Park	Cumb	erland	Max	ryla	nd	
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. R	EC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIC			
	Ruth E. Si	lcox Cum	berla	and Maryla	and	DATE	FLB 1 2	60		. Tha	ma	

, MEDICAL EXCAMINARYS CERTIFICATE OF DEDEATH The probability of the party of the last o THE RESIDENCE OF STREET STREET, STREET

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

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Rest Lawn Mem. Gardens

ADDRESS

Cumberland, Md.

LaVale. Md.

24b. REGISTRAR'S SIGNATURE

Orthur S. Kraus

24a, REC'D BY REGISTRAR

DATE FEB 1 7 '60

10 VS A15 (4) 1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

death. Page

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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1417 CERTIFICATE OF DEATH

01434

	7.2	T. N		Ke	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY AL	LEGANY	MARYLAND	2. USUAL RESIDENCE (WO. STATE MARYLA	here deceased lived. If institution: 6. COUNTY A	Residence before admission)
CUMBER	LAND	6 HRS. 15MII		outside corporate limits, write RURA RLAND	L ond give nearest town)
d. NAME OF HOS	PITAL (If not in hospital, give stree EMORIAL HOSPITAL	t oddress)	d. STREET ADDRESS	INDSOR ROAD	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CEC11		SMITH	4. DATE Month OF DEATH FEBRUA	RY 10 19 60
FEMALE	6. COLOR OR RACE 7. MAI WHITE WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JULY 19		UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
HOUSE	TION (Give kind of work done 10th orking life, even if retired)	kind of Business or Indu	Dewight	MD.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	W 1400		14. MOTHER'S MAIDEN	Market and the last of the second	
WILLIAI	M WAKU VER IN U. S. ARMED FORCES? 116	S. SOCIAL SECURITY NO. 17.	INFORMANT	DENNISTON Address	
(Yes, no. oz.unknown)	(If yes, give war or dates of service)	yone.	MEMORIAL HOSE		D, MARYLAND
	EATH [Enter only one couse per EATH WAS CAUSED BY:	line for (o), (b), and (c).]		for Ado	INTERVAL BETWEEN ONSET AND DEATH
420.1	DUE TO	leve con	earner "	van gadu	rk_
Conditions, if		Interio O	elevilic_	Carlie	1 low
gave rise to couse (o), statin	immediate (11	1122 11 14	1
lying couse los		CONTRIBUTION TO DESCRIPTION	V	roculor dis	ent o
OF FAMILIE	DAL ATTO	CONTRIBUTING TO BEATH BU	I NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN I	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO DA
OR CONTRIBUTION	WAS UNDERLYING [] Ob. DE NG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I ar Port II of item 1B.)	TES NO P
20c. TIME OF INJU Hour a. m p. m	. While		LACE OF INJURY (Home, for octory, street, office bldg., etc	n, 20f. (City or lown)	(County) (State)
21. I certify	that I attended the decea		1 , 1960, to	2.101, 1960,th	nat I last saw the decease
alive an	2. 9. 19	Loo , , and that deat	h accurred at 5:00	A.M., fram the causes and	an the date stated above
ACTUAL SIGNATURE	The I. We	lliams	M.D. Lumbo	ADDRESS (Street, city or town, state plane, Mil	PATE SIGNE
PHYSICIAN'S NAME (Type)	DR. W.F. WIL	LLIAMS			
220. BURIAL, CREMAT	10N. 22b. DATE THEREOF 2/12/60	22c. NAME OF CEMETERY OF	Cann	22d. LOCATION (City, town, or co	(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	240. REC	D BY REGISTRAR 246. REGISTRA	R'S SIGNATURE
Lauro	Sleen In	(umbe.	Mark DATE EL	B 15'60 Carlona	9 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No

01435

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before or	Imission)
a. COUNTY Maryland Maryland . STATE Maryland b. COUNTY Allegany	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest ond give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest ond give nearest town)	town)
Cumberland years × Cumberland	
14	RESIDENCE
Nouve of 11 Her way	□ NO □X
3. NAME OF DECEASED Lost Lost OF DECEASED OF DECEASED OF DEATH February 7	Year 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE III years IF UNDER TYEAR IF UI	
Female White WIDOWED DIVORCED June 28, 1893 66 yrs. Months Days Hour	rs Min.
10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	AT COUNTRY?
during most of working life, even if retired) Housewife Jackson County, Virginia USA	
13. FATHER'S NAME	
Joseph Henry Proffitt Mary Vincent 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) Iff yes, give war or dates of service)	
no Frank Smith, Rt. 5, Miner Rd. Cumberl	and, Md
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	DEATH
PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Coronary occlusion	udden
420.1 DUE TO	
Conditions, if ony, which) (b) Coronary sclerosis	
gove rise to immediate cause	
(a), stoting the underlying DUE TO (c).	
	S AUTOPSY
PER YES _	FORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WA PER YES 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. tNJURY OCCURRED 20e. PLACE OF INJURY (Home, form. factory, street, office bldg., etc.) 4 work 5 of work	(State)
Hour o. m. While Not while factory, street, office bldg., etc.)	
21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and	al Constable
	a ma mai
death resulted fram: Natural causes 1. Accident, Suicide, Hamicide, Undetermined cause	
ACTUAL BY AND TO DATE MEDICAL EVALUATION OF THE DATE OF THE PROPERTY OF THE PR	E SIGNED
SIGNATURE SIEMENT SELANELLES M.D. CHIEF MEDICAL EXAMINER	
ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Benedict Skitarelic M.D. DEPUTY MEDICAL EXAMINER February 7	, 1960
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (S	itate)
REMOVAL (Specify) Burial Feb. 10, 1960 Rose Hill Cemetery Cumberland, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	
John J. Hafer, Sumberland, Maryland Out 18 10'60 Outling & House	

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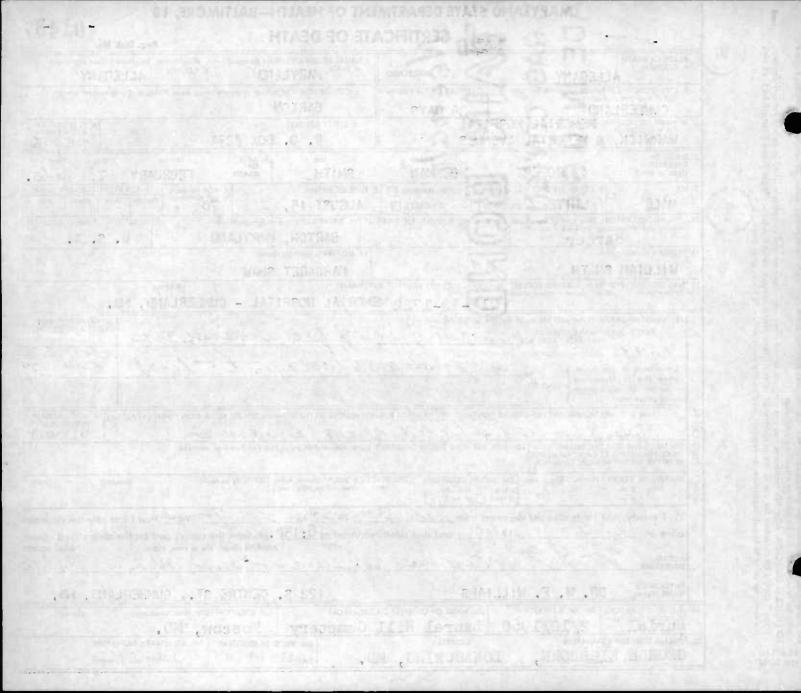
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1 4 1 0 CERTIFICATE OF DEATH

01436

a. CC	-	LLEGANY		MARYLA	ND	usual residence (a. STATE MARY	LAND	b. COUNTY	ALLE	GANY
RU	TY OR TOWN (II IRAL and give ne CUMBERLA		its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN ((If outside corpo ERLAND	rate limits, write RU	JRAL and giv	e nearest town)
d. N	MEMORIPAL	AL (If not in hospital, a WARWICK HOSPITAL	AVE	oddress)		d. STREET ADDRESS	INDSOR	ROAD		e. IS RESIDENCE ON A FARM? YES NO
3. NAM DECE (Type	E OF ASED or print)	HARO		Middle		SMITH	4. DATE OF DEATH	FEBRUAR		Day Yeor 19 60
5. SEX	MALE	6. COLOR OR RACE WHITE	7. MARE	RIED NEVER MARRIED DIVORCED		JUNE 28.18	83	9. AGE (In years last birthday) 76 yrs.	-	YEAR IF UNDER 24 HR Dys Hours Min.
Sel	ing most of work	ON (Give kind of work king life, even if refired frames on SMITH	in S	KIND OF BUSINESS OR		BATH,	MA I NE	ountry)		J.S.A.
15 WAS		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	ALICE W	ATSON	Addr	ess	
		(If yes, give war or dates of s		Social Seconti 110.			SPITAL	CUMBERL		RYLAND
Co		TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c DUE TO ny, which (b) mmediate)	Perfocio, (b), and (c).]	EX (6)	Heno	who	ge seul de	isi	INTERVAL BETWEEN ONSET AND DEATH
CATION	PART II. OTH	ier significant con	iditions <u>c</u>	CONTRIBUTING TO DEATH	H 8UT NC	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1	(a) 19. WAS AUTOPS' PERFORMED? YES NO
□ OR	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of injury	in Part I or Por	t II of item 18.)		
WEDICAL	TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. II While of wor	Not while		OF INJURY (Home, f y, street, office bldg.,		or town)	(Con	unty) (State
sav	w the decease. SIGNATURE		1) attend	100		th accurred at 2				othat (1) (we) la date stated abave 22b. DATE SIGNE
		DR.W.F.WIL				22d. ADDRESS	mbe,	dans	Me	1 3/6
	RIAL, CREMATIO	2/5/6	Ó	23c. NAME OF CEMETE	RY OR S	REMATORY	23d 10CA	TION (City, town of	or county)	m & Stote
24. FUN	ERAL DIRECTOR	S SIGNATURE	1	ADDRESS	lask	(())	EB 8 160		STRAR'S SIGN	

TO HOSPITAL O VR A15 (4) 15M 9/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

1445

CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH o. COUNTY Allegany		MARYLAN	G STATE	Md.	re deceased	lived. If instituti b. COUNTY				ion)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Westernport	, write	c. LENGTH OF STAY IN 1					URAL ond	give nec	rest town)
d. NAME OF HOSPITAL (If not in hospital, give or INSTITUTION Kooken Nurs. Home	ve street	oddress)	d. STREET	ADDRESS						IDENCE FARM? NO 🔀
NAME OF DECEASED (Type or print) Wesley		Adams Middle	Snyder	st	4. DATE OF DEATH	Feb.	ith	Do 4		rear 19 60
Male White			_			AGE (In years lost birthdoy) 78 yrs.	Months	Doys	IF UNDE Hours	R 24 HRS. Min.
D. USUAL OCCUPATION (Give kind of work do					r foreign cau	intry)				OUNTRY?
rather's NAME not known										
WAS DECEASED EVER IN U. S. ARMED FORCES, no, or unknown) (If yes, give war or dates of sen		SOCIAL SECURITY NO.	Mrs. Edn	a Snyd	er-R.I			W. V	Ta.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 442 X DUE TO Canditions, if ony, which gave rise to immediate cause (a), stating the under: DUE TO		ardio-renal	elerosis	9				2NS	yrs LO y	rs
PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		CONTRIBUTING TO DEATH	BUT NOT RELATED T				/EN IN PAI	RT 1(o) 1	9. WAS A	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	While	Not while				or town)		County)		(Stote)
actual SIGNATURE PHYSICIANIS	19	60 , and that de		7.15;	A, fram the DDRESS (Street	he causes are bet, city or town,	ad on the stote)?	e date	stated DAT	
		22c. NAME OF CEMETER			22d. LOCATI	ON (City, town,	or county)		(State	e)
FUNERAL DIRECTOR'S SIGNATURE	We	ADDRESS sternport, M	d.		BY REGISTR	AR 24b. REGI	STRAR'S SI	GNATU	RE	
	Allegany b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) Westernport d. NAME OF HOSPITAL (If nat in hospital, give Name of Name o	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION ROOKEN Nurs. Home NAME OF DECEASED (Type or print) SEX Male 6. COLOR OR RACE White WIDOWS G. USUAL OCCUPATION (Give kind of work done 10b. dering, most of working life, even if retired) FATHER'S NAME NOT KNOWN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Es, no, or unknown IB. CAUSE OF DEATH [Enter only one couse per limed of the part I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) Gause (a), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (c) PART II. OTHER SIGNIFICANT CONDITIONS (c) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. II Certify that I attended the decease alive an Feb 4. 19 ACTUAL SIGNATURE PHYSICIANIS NAME (Type) D. BURIAL, CREMATION, 22b. DATE THEREOF 2/7/60 FUNERAL DIRECTOR'S SIGNATURE?	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kooken Nurs. Home NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION Kooken Nurs. Home NAME OF DECEASED (If year or Marked Notation of Paccase) G. COLOR OR RACE Male OR USUAL OCCUPATION (Give kind of work done dring) meyer marketed in the property of working life, even if retired) DIVORCED G. USUAL OCCUPATION (Give kind of work done dring) meyer for working life, even if retired) DIVORCED G. USUAL OCCUPATION (Give kind of work done dring) meyer for working life, even if retired) DIVORCED THE TOWN WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate couse (b), stoling the under. Iying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING Cause of DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED Work of work	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) B. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) Westernport d. NAME OF HOSPITAL (if not in hospital, give street address) OR (ISSTITUTION NOOKEN NUTS. Home NAME OF HOSPITAL (if not in hospital, give street address) OR (ISSTITUTION NOOKEN NUTS. Home NAME OF DECEASED Wesley 6. COLOR OR RACE White WIDOWED DIVORCED DOC. 11 B. DATE OF BIRT DOC. SIND OF BUSINESS OR INDUSTRY II. BIRTHE III. Mother NO WAS DECEASED EVER IN U. S. ARMED FORCES? III. SOCIAL SECURITY NO. WAS DECEASED EVER IN U. S. ARMED FORCES? III. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. HIMBEDIATE CAUSE (a) DUE TO Candidons, if ony, which gave rise to immediate cause (b), stoling the under. [b] If Either, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO While provided the deceased from November, 19, 50 ACTUAL CONTRIBUTING CAUSE OF DEATH (IF Either only month, 19, 19, 60, and that death accurred of work	b. CITY OR TOWN If outside corporate limits, write RURAL and give hearest town) b. CITY OR TOWN If outside corporate limits, write RURAL and give hearest town) Westernport d. 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CITY OR TOWN If outside corporate limits, write RURAL and give necrost town (if outside corporate RURAL and give necrost town) Westernport O. NAME OF CHASTITULION NOOCEN Nurs. Home NAME OF DECEASE NAME OF STATE ADDRESS NAM	b. COUNTY Allegary MARYLAND D. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest lown) Westernport MINE of Power Nearest lown (If outside corporote limits, write RURAL and give nearest lown) Westernport A NAME OF NOSHIAL (If not in hospitol, give street oddress) OR INSTITUTION NOONCE Nurs. Home NAME OF DEATH (If outside corporote limits, write RURAL and give and the color of the power of the power of the color of the power of the color of the power of the power of the color of the power of the color of the power of the power of the color of the power of th	b. CCUNTY Allegany MARYLAND b. CITY OF TOWN (If outside corporate limits, write RURAL and give monests from) Westernport Westernport Months A STREET ADDRESS Mi. W. Rawlings, Md. Month STREET ADDRESS Mi. W. Rawlings, Md. Month OF Lory Month O	b. CITY OR TOWN (if outside corporate limits, write BLAND of STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write BLAND and give necest lown) WESTERMANDORY of reverse town WESTERMANDORY of reverse town WESTERMANDORY OR ROSES (STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write RURAL and give necest lown) WESTERMANDORY OR ROSES (STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write RURAL and give necest lown) WESTERMANDORY OR ROSES (STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write RURAL and give necestal corporate limits, write RURAL and give necestal corporate limits, write RURAL and give necessary or the stay of t	D. COUNTY Allegany D. CITY OR FOWN (If outside corporate limits, write and the control of STAY IN 18 to 11 Months D. CITY OR FOWN (If outside corporate limits, write and the control of STAY IN 18 to 11 Months D. 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14	27 CERTIFICA	TE OF DEAT	Ή	R	eg. Dist. No.	014	39
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (VO. STATE MARY		b. COUNTY	Residence befo EGANY	re admissi	on) V
RURAL and give nearest town) CUMBERLAND	5 HRS.35 MIN.	c. CITY OR TOWN (I	Foutside corporate li ERLAND	mits, write RURA	AL ond give nec	rest town)
d. NAME OF HOSPITA III and in Acapital, give street of MEMORIAL & WARWICK AVES.	ddress)	d. STREET ADDRESS	CENTRAL A	AVE.			DENCE FARM? NO
3. NAME OF First DECRASED (Type or print) CHARLES	Middle G •	SOWERS	4. DATE OF DEATH	Month FEBRUARY	1 12	1	rear 9 60
S. SEX MALE 6. COLOR OR RACE 7. MARRIE WIDOWEL	DIVORCED	6-27-1880	105	birthdoy) M	Onths Doys	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) Retired carpenter Contrac		CHANEYS	VILLE, PA		12. CITIZEN C		COUNTRY
13. FATHER'S NAME JOHN SOWERS			VE HOWSER				
[Yes, no. or unknown] [If yes, give wor or dates of service]		MORIAL HOSP	ITAL	CUMBERL	AND, MAI	RYLAN	JD
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UE TO Conditions, if ony, which (b)	Prone	mia ho- Ta) grenton	un		ERVAL BET	
gave rise to immediate couse (a), stating the under-lying couse lost.	Infe	ursel.				50	Day
PART II. OTHER SIGNIFICANT CONDITIONS CO					IN PART 1(o) 1	PERFOR	RMED?
	RIBE HOW INJURY OCCURRE						
Zoc. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. 19 While of work	Not while foo	ACE OF INJURY (Home, fo tory, street, office bldg., e	rm, i 20f. (City or for	wn)	(County)		(Stote)
21. I certify that I attended the decease alive an Fiel. 12, 196 ACTUAL SIGNATURE Clay S		7, 1960, to accurred at 9:5			on the da	te state	
PHYSICIAN'S DR. CLAY E. DURRI		t they till the season was they said table					
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 220. Date THEREOF 2/15/60		emetery	Cumberl	and	Maryl)
23. FUNERAL DIRECTOR'S SIGNATURE Ruth E. Silcox Cumberla	and Maryla		FEB 1 6 '60		Lun S. K.		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		11,00	CEKTIF	ICAIE	OF DE	АПП				100	
1. PLACE OF DEATH o. COUNTY ALLE	GANY	236	MARYL		CTATE	ARYL		d lived. If institut b. COUNTY			nission)
b. CITY OR TOWN (IF RURAL and give no CUMBERLA	outside carporate lim arest town) ND	its, write	c. LENGTH OF STAY I	N 1b	,	WN (If a		rote limits, write	RURAL ond gi	ve nearest to	own)
d. NAME OF HOSPITA	L HOSPITAL	give street a	ddress)	1	d. STREET ADD	RESS				10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fi	HENRY	Middle	STEVE	lost NSON		4. DATE OF DEATH	Mo FEB	nth RUARY	Doy 21	Yeor 19 60
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRI	ED NEVER MARRIE	_	MAY 8	18	71	9. AGE (In years lestbirthday) OO yrs	Manths [YEAR IF UN Days Hou	
10a. USUAL OCCUPATION during most of work	DN (Give kind of work ing life, even if retired D	done 10b. I	CIND OF BUSINESS OF	R INDUSTRY			or foreign co			U.S.A.	T COUNTRY?
13. FATHER'S NAME	TEVENSON			14	MARY						
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO.	17. INFOR	MANTWARW ORIAL H	ICK OSPI	& MEMO	ORIAL AT CUMBERL	ENUE AND, M	ARYLAN	ID .
PART 1, DEA 42. Canditions, if or gave rise to in couse (o), stoting to lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (i ny, which mmediate the under: The under: The under: The under:	Afte	e for (o), (b), ond (c).] rioscleroc	tic Ca					VEN IN PART	ONSET AI	
200. ACCIDENT WA			RIBE HOW INJURY O							PER	REFORMED?
O (IF EITHER, NOTIFY 20c. TIME OF INJURA Hour a. m. p. m.	MEDICAL EXAMINER)	20d. IN While at wark	JURY OCCURRED Not while ot wark		OF INJURY (Ha street, office b			or tawn)	(Co	ounty)	(Stote
saw the deceas	2-		ed the deceased		2 - 20 h accurred		- 4 1.	2-21 The causes a			
22o. SIGNATURE	Pega lo.	Bul	less	M.D.	+	□ DI	ED. RECTOR	STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	DR. S. M.	JACOBS	SON		22d. ADDRESS	U.C.		nd, Md.		2.	-21-60
Burial (Specify)	- 1- 11	OF O		G	emeter emeter	У	-	TION (City, town,	g,	Md.	State)
George E	s signature ichhorn	Lo	address naconing	, Md.			B 2 6 '6		SISTRAR'S SIG		

7 Burial 2/24/60 til oney emetery y Longontur, w rid. Weere Mankown Loneconing, May Carry and Carry and Carry M

death. Page 4

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1452

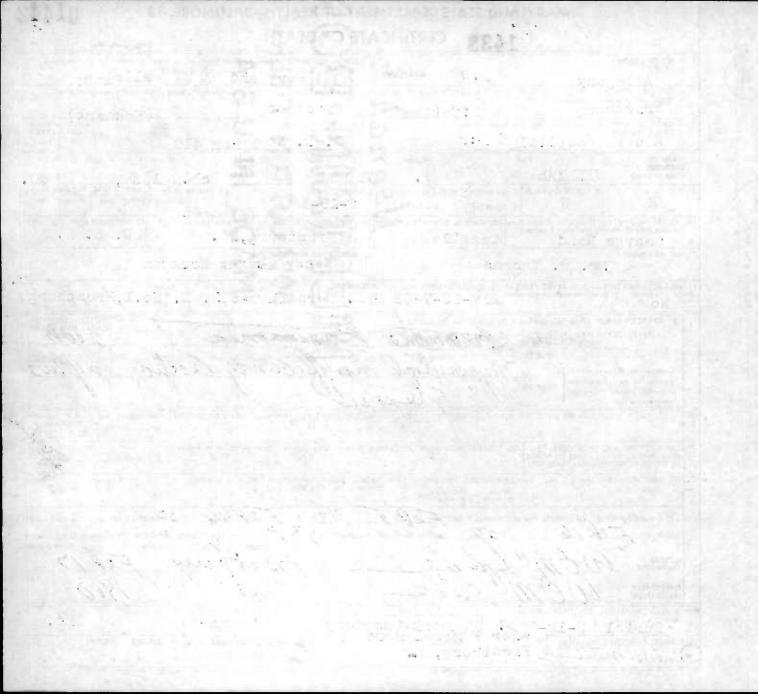
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	PLACE OF DEATH	Allegar	ny	MARY	YLAND	2. USUAL RESIDENCE (WI	here deceased	l lived. If instituti b. COUNTY	477	e before		on)
	RURAL and give ne	outside corporate limit grest tawn) Lintstone		c. LENGTH OF STAY		c. city or town (if a		rate limits, write R ntstone	URAL and g	ive neare	est town)	-
	OR INSTITUTION	AL (If not in hospital, g intstone	ve street	address)		6. STREET ADDRESS Route	2.				IS RESII	FARM?
1	NAME OF DECEASED (Type or print)	Chari	ty	May		Stickley	4. DATE OF DEATH	Februa		1200	Y.	9 60
S.	Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRI		B. DATE OF BIRTH March 3 188	33	9. AGE (In years last birthday) yrs.	IF UNDER Manths	_	F UNDER Hours	Min.
100	USUAL OCCUPATIO during most of work HOUSE	N (Give kind of work of ing life even if retired)	ane 10b.	KIND OF BUSINESS OF HOUSE	OR INDU	Rt 3, C1	ar foreign co		3	USA		DUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I		171311				
	Mich	ael Long				Sally	Stic	kley				
15. (Ye		R IN U. S. ARMED FOR If yes, give war or dates of se		social security no None		rormant 's Daisy Sto	otler	, Cumbe		i M	id.	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne far (a), (b), and (c).	iae	mia				ONSE	VAL BET	DEATH
Ď	Canditians, if an		-70	lyota	-201	lites co	Som	ososke	rate	-	lo ->	eco
	gave rise to in cause (a), stating t lying cause last.	nmediate (Per	ter	rosele	-0-2	3		5		n
CATION	PART II. OTH	er significant con	OITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PAR		WAS A PERFOR	RMED?
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRE	D. (Enter nature of injury in	Part I or Part	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Yes	While	NJURY OCCURRED Not while of work		ACE OF INJURY (Hame, farr ctory, street, affice bldg., etc		or town)	(0	County)		(State)
		t (I) (this haspital	•			By 19	59.ta 2		19.6			
	22a. SIGNATURE	Don't		Lurras	-	ATTENDING M	SED.	STAFF PHYS.	id dir ine	dule	22b	DATE
	22c. PHYSICIAN'S NAME (Type)			Mark		22d. ADDRESS						
230	BURIAL, CREMATIO REMOVAL (Specify)		f 196	23c. NAME OF CEM Stickle			23d. LOCAT	intston	or county)	1d.	(State)
24.	FUNERAL DIRECTOR	s SIGNATURE M H.Kight		ADDRESS Cumb	erla	and, Md 250. REG	EBY REGIST		strar's sic			

rectu ALTERNATION. a room at the second second and the second s dome to him beday blockery class which we emply The second second SAME TO The state of the s Burlet for 12 1960 Brights Canaly Can. A Clinical Street The state of the s

VS A15 (4) 15M 9/58

1. PLACE OF DEATH o. COUNTY		MARYLAND	a. STATE	b. COUNT	Y Alla or
b. CITY OR TOWN ?	If outside corporate limits, wri	te c. LENGTH OF STAY IN 1b	H	land	RURAL ond give nearest town)
RURAL and give n	eorest town)	Lifetime	× Frostbur		
d. NAME OF HOSPI	TAL (If not in hospital, give str		d. STREET ADDRESS	0	(Eckhart)
or institution Miners	Hospital		R. D. No	1 Box 410	YES NO
3. NAME OF DECEASED	First	Middle	Last		onth Day Year
(Type or print)	WILLIAM	P.	THOMAS	DEATH FED	16th. 1960.
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	
		OWED DIVORCED	2-19-13	46 yr	months Day's Hours Mills.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work done king life, even if retired)	06. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
Charge		Textile	Frostbu		U. S. A.
13. FATHER'S NAME	Wm. R. Thom	as	Nancy	AME BOOMES Works	nan
TO MAKE DECEMBED FUE		The special security was a second			M
(Yes, no, or unknown)	R IN U. S. ARMED FORCES? (It yes, give wor or dates of service)		rs. Lura Th		No.1, Frostburg
	ATH [Enter only one cause po	er line-for (o), (b), ond (c).	Proum	enia	INTERVAL BETWEEN ONSET AND PLATH
4222	IMMEDIATE CAUSE (o)	Corpora	1 1000	·	2012
422,2		ne sander Os	In well on	zan line	to suppus
Conditions, if a	mmediate	up consider	Taryfile	- con	ic squas
couse (a), stating lying couse last.	the under-	1 5/000	! !		
_	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMI	NAL DISEASE CONDITION C	IVEN IN PART I(o) 19. WAS AUTOPSY
PART II. OTI	TER SIGNIFICATOR CONDITION	43 CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	PERFORMED?
20a. ACCIDENT WA	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port II of item 1B.)	
No 20c. TIME OF INJUR	Y Month, Doy, Year 20		ACE OF INJURY (Home, form		(County) (Stote
Hour a.m.		hile Not while fo	ctory, street, office bldg., etc.)	
21. I certify th	nat Lattended the dec	eased from FeR 5	160, to f	ER 16, 195	That I last saw the deceased
alive an_	ek/6 ,1	25, and that death	accurred a 304	M, fram the causes a	and an the date stated obove
	1.0 1			ADDRESS Argen, city or town	n, state) DATE SIGNED
ACTUAL SIGNATURE	winch	lind	MD FN	or bug	Fek/5
	1.18-11	N/O	7	200	
PHYSICIAN'S NAME (Type)	100111	fare	/	719	1960
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	2-19-1960	2c. NAME OF CEMETERY OF ECKhart Cem	r CREMATORY	22d. LOCATION (City, town, Eckhart	, or county) (State) MC.
23 FUNERAL DIRECTOR	'S SIGNATURE	r runeral Hom	240. REC'	D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATURE
Sund Ho M	satting & Fro	stburg, Md.		EED 2 C 100	arthur & Kraus
	4.11		TO ATE		J. Thouse



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	MAKILAN 14		ATE OF DEAT	H	Reg. Dist. No.	144;
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl	here deceased lived. If institution and b. COUNTY		ion)
b. CITY OR TOWN (RURAL ond give n	(If outside corporate limits, write earest town) COW	c. LENGTH OF STAY IN 16	9.0	outside corporate limits, write R SCOW	URAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS			DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Della	May '	Timney	4. DATE OF Februa	20	eor 60
5. SEX Female		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 9,1881	9. AGE (In years lost by boy) yrs.	Months Doys Hours	R 24 HRS Min.
House	king life, even if retired)	Own Home	Barton,	Maryland	12. CITIZEN OF WHAT	COUNTRY?
13. FATHER'S NAME	James Fairgr	ieve	14. MOTHER'S MAIDEN	Warnick		
	ER IN U. S. ARMED FORCES?		INFORMANT	Add	ress	
no			William Tim	ney Mosc	ow, Md	
Conditions, if of gove rise to it couse (o), stoting lying couse lost.	the under-	neu mo coo		mous	ONSET AND	
\$ a+ h	rioscienol		100esw/e	ar Chilean	PERFO	NO [
OR CONTRIBUTING	AS UNDERLYING 20b. D G CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Part II of Hem 18.)		
Y 20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Year 20d 19 0t w	le Not while f	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	n, 20f. (City or town)	(County)	(Stole)
21. I certify it alive an ACTUAL SIGNATURE	nat I attended the dece	osed fram, and that deat	h occurred at 2 1	M, from the causes of ADDRESS (Street, city or town,		
PHYSICIAN'S NAME (Type)	Dr Ge	orge Vas	6			
270. BURIAL, CREMATIC Burial Specify		Laurel Hi	or CREMATORY 11 Cemetery	22d. LOCATION (City, town, o	or county) (Slote)
23. FUNERAL DIRECTOR George I		ADDRESS Lonaconing.	Md . 240. REC		STRAR'S SIGNATURE	

	NAMES STATE BYEATHEREN
MATE OF DEATH COLOR OF AND	First Parket
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Woode The Control of	
St. De whitelett 2 you 11	Total Colors
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to Large La Saren	comprehensive const
wat thiem Tirener Penerson, Fe Property	
dil Sametery Hoosey, Mi.	nacionale collection (Carried Collection)
	derrie Madhorm ionidening,

or removal.

TO DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is need to he categories, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Tage 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cremation, 5M 9/55

VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

01444

7. PLACE G. CO	OF DEATH UNTY Alle	gany	14	54	MARYLAND		SIDENCE (W Mary)		ed lived. If Institu b. COUNT	٧ .	ce befo		usion)
b. CIT		outside corporate limits, writ	e RURAL	c. LENGTH	OF STAY IN 16				porate limits, write		_	_	wn)
La V	ale			vo	ars	×	La Va	ale					
		L OR INSTITUTION	If not in			d. STREET						ON	SIDENCE A FARM?
		lock Aveni	10				604 I	· · · · · · · · · · · · · · · · · · ·	ck Aveni	ue		AE2	NO 💆
3. NAME DECEA (Type	OF LSED or print)	HARRY	**	JOSEPH	liddle W Li	ETZLE	it	4. DATE OF DEATH	Month February		Doy	Y.	9 60
5. SEX		6. COLOR OR RACE	7. MA				н		9. AGE (In years	IFUNDER 1	YEAR	-	. 00
Mal		White			Lances T		1888	,	fost birthday[7] yrs.		Days	Hours	Min.
10a. USU.	AL OCCUPATION	N (Give kind of work	done 10							12. CITIZ	EN OF	WHAT	COUNTRY?
during	most of working	life, even if refired)											
	ired N ER'S NAME	lachinist		B. & O.	Railro	14. MOTHER'S			ryland	1	USA		
	DECEASED EVE	R IN U. S. ARMED FO	PCFS2 1	16. SOCIAL SECUE	ITY NO. 12	INFORMANT	URA N	IC LAN					
(Yes, no, or		If yes, give war or dates of		io. SOCIAL SECO	17.	TO LONDARY			604 Bre	ddock	Ave	enue	
	0					s. Ocle	Whet	tzel	La Vale	Mary	ylai	ad	
18. C		Enter only one car	se per li								INTERV	AND DEA	EN TH
		WAS CAUSED BY:		Corona	ry Occ	lusion					Su	ıddei	n
1	+20.	DUE TO					7	J. 60	15000				
Con	ditions, if any	y, which) (b)		Corona	ry Scl	erosis							
	rise to immedi- stating the ur	ate couse (192						
	e lost.	(c)											
CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		. WAS A PERFO	NO X
PRIM.	EXTERNAL CAUS ARY OF CONT SE OF DEATH.	E WAS TRIBUTING 20	b. DESC	RIBE HOW INJUR	OCCURRED. (Enter nature of in	njury in Part	l or Part II	of item 18.)				
WEDICAL 20c.	Hour a.m.	Month, Day, Ye	W	hile Not wh	ile foc	CE OF INJURY (I	Home, farm bldg., etc.	20f. (City	ar town)	(Cour	nty)		(State)
21.	I certify the	at I took chorge	of the	e remoins de	scribed obo	ve, held on	Autopsy	y \square , In	spection [X],	Inquiry	/ [29]	and f	ind that
	_	from: Noturol						-	ndetermined c	_			
ACTI	UAL MATURE 2	enedict	1	ketare	leel	M.D.		AMINER [DATE S	IGNED
	MINER'S B	enedict S	kita	arelic,	M.D.			EXAMINER E		ary 2	0,	196	0
220. BURI	AL, CREMATION OVAL (Specify)	, 22b. DATE THEREC)F	22c. NAME O	CEMETERY OF	CREMATORY		22d. LOCAT	TION (City, town,	or county)		(Stote)
	ial	2/23/60		Luther	can Cem	etery		Harpe	ers Ferr	y, We	st '	Virg	inia
23. FUNE	RAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTI		STRAR'S SIGI	NATUR	E	
John	J. Hai	fer, Cumb	erla	nd, Mar	yland		DATE	3 2 4 '60	C. J	Thun S. A	Trous		

MEDICAL EXAMINER'S CHETIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01445

									Reg. [Dist. No	1.	
1.	PLACE OF DEATH		14	23	2. USUAL RESID	ENCE (W	here deceas	ed lived. If Institu	tian: Resla	dence be	fore odn	ission)
	a. COUNTY	legany		MARYLAND	a. STATE	[ary]	and	b. COUNT	' All	Legar	av	
1	b. CITY OR TOWN (IF	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16				porate limits, write				own)
	Cumberland			67 days	Cumber	rland						
	d. NAME OF HOSPITA	AL OR INSTITUTION (f not in hos	pital, give street address)	d. STREET ADI							ESIDENCE A FARM?
	Sacred He	eart Hospit	al		310 (Colum	nbia S	t.				NO
	NAME OF DECEASED	Fin		Middle	Last		4. DATE OF	Month		Day		fear
	(Type ar print)	Bert		Rebecca	White		DEATH	Feb	-	1		1960
5.	SEX	6. COLOR OR RACE	7. MARRI	NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years last birthday)	Months	R 1YEAR Days	Hours	Min.
	Female	White	WIDOWE		3/25/98			61 yrs.			5,00	
100	during most of working	ON (Give kind of wark of life, even if retired)	lane 10b. 1	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLAC	E (Stote	ar foreign o	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Homsewofe	Service And the fact of the service	U	wn Home	Mary	rland	, Cı	umberlan	d	U.S	.A.	
13.	FATHER'S NAME				14. MOTHER'S MA	AIDEN N	AME					
		John S. Wi					Clla	Eisen		r	10	
15. {Yes	WAS DECEASED EVI	ER IN U. S. ARMED FO! (If yes, give wor or dates of	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Mrs	. Roy	y Keandon	ner			
n	0			none	Daughter	Cun	berla	and, Mar	ylan	d		
	18. CAUSE OF DEAT	TH [Enter anly one cau	se per line	for (a), (b), and (c).]					4.711	INTE	RVAL BETW	EEN ATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)		Lobar Pneumoni	а				5/ 3	-	day	rs.
	903.0	DUE TO										
	Conditions, if a			Fractured righ	t hip (se	cond	ary)			35	day	7S
	gave rise to immed (a), stating the u						A.C.	1	100			
	cause last.	(c).						740				
S	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMI	VAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(a) 1		AUTOPSY DRMED?
CAT			FR	actured right	hip						YES 🔲	NO TO
CERTIFICATION	20g. EXTERNAL CAU PRIMARY ☐ gr CON CAUSE OF DEATH.	ISE WAS	b. DESCRIB	HOW INJURY OCCURRED.	Enter nature of injur	y in Port	l ar Port II	of item 18.)				
	CAUSE OF DEATH.	This of the same	Te.	ll at home in	her vard							
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d.	NJURY OCCURRED 20e. PL		me, form,	20f. (City	ar tawn)	(Co	ounty)		(State)
MED	Haur a.m.	Nov. 26 19!	9 White	Nal while of fac	Home	og., oc.,		umberland	I. Al	Teg.	M:	rvlan
1			of the	remoins described ab	ove, held an A	utopsy		spection X,	_	-		
	deoth resulted	from: Noturol	couses [, Accident K, Su	icide 🔲, Ho	micide	□. Ui	ndetermined c	ouse [7.		P.
		1	00	,	2000/0				1 9			
	ACTUAL SIGNATURE	enodiet.	She	taxeliel	M.D. CHIEF MED	DICAL EX	AMINER [DATE	SIGNED
						MEDICA	L EXAMINE	R 🗀				
	EXAMINER'S NAME (Type) Ro	nedict Skit	arel	ic. M.D.	DEPUTY M	EDICAL E	XAMINER	Feb. 1	19	60		
220	BURIAL CREMATIO	N. 226. DATE THEREO		22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCA	TION (City, town, o			(Sta	le)
B	REMOVAL (Specify)		1960	Sunset Memo	rial Park		_	erland.	9.7	lan	d	9.53
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		to REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S S	GNATU	RE	4
J	ohn J. Ila	fer, Cumb	erlan	d, Maryland		FEB	4 20	Cirth	mg 8. 1	Trays		

VS. A15ME(5) 5M 9/55

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VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1439 **CERTIFICATE OF DEATH** 01446

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY A	LEGANY		MAI	RYLAND		MARYL		b. COUNTY	ALLE	
b. CITY OR TOWN (If out RURAL and give neares	side corporote limit town) JRG	s, write	c. LENGTH OF STA	Y IN 1b		TOWN (IF OF TROST	•	ote limits, write R	URAL ond give	nearest town)
d. NAME OF HOSPITAL (I OR INSTITUTION	f not in hospital, gi HOSPIT		ddress)		d. STREET A		NTENN	VIAL ST	•	e. IS RESIDENCE ON A FARMS YES NO 1
3. NAME OF DECEASED (Type or print)	ELMER Firs	t	STEVEN		LDERM		4. DATE OF DEATH	FEB		1, Year 19 6
5. SEX 6.	COLOR OR RACE WHITE	7. MARRIE	DIVOR	MICO MA	12-22			9. AGE (In years lost brighdoy) O' yrs.	Months Day	AR IF UNDER 24 HRS
Our USUAL OCCUPATION (Industring Most of working CUSTODIAN	Give kind af work d life, even if retired)		LES LOD		M	ARYLA	ND	untry)		S.A.
EDW. J.	VILDERMA	N			MAR.		LYON	IS		
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes	U. S. ARMED FOR		5-18-81		ORMANT M. WI	LDERM	IAN, I	ROSTBU		. 12
PART I. DEATH A IMM Canditions, if ony, gove rise to imme couse (o), stoting the lying cause lost.	VAS CAUSED BY: MEDIATE CAUSE (o) DUE TO which diote DUE TO	1	167)(0), (b), ond (0	2 Ko	M	rew	mor	rie_		NTERVAL BETWEEN INSET AND DEATH
PART II. OTHER S	NDERLYING [ONTRIBUTING TO D				No.		'EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS U OR CONTRIBUTING U (IF EITHER, NOTIFY MED) 20c. TIME OF INJURY / Hour o. m. p. m. 21. I certify that	Month, Doy, Yeo	While of work	OURY OCCURRED Not while of work	focto	E OF INJURY (iny, street, office	e bldg., etc.			(Coun	(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	0011	19/0 10 f	and the	ot death o	D			the causes an Bet, city or town,		DATE SIGNED
BURTAL (Specify)	22b. DATE THEREO			METERY OR		ETERY		ION (City, town, CROSTBUR	G, MD.	
J. R. DU		FROST	ADDRESS	D.		24a. REC'I	B 5 '6	0	STRAR'S SIGNA	

- HTATO TO STADISHESS AS ATT TO THE CATHORNER DATE OF THE CATHORNER DATE The state of the s BURIES THE PROPERTY OF THE WILL STATE OF THE PROPERTY OF THE er and the second of the secon

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equires	n.	signed	it perm	-
e law r	physicia	is been	al-trans	The last
AN: Th	nding p	cate ho	he buri	-
HYSICI	or afte	s certifi	ise os t	- walter
ING P	ospitol	fter thi	ed for u	And bear
TEND	y the h	TOR: A	detoche	to here
0 7	oined b	DIREC	old be	-
SPITA	be reto	NERAL	3 short	- deline
TO HOSPITAL O TENDING PHYSICIAN: The law requires that the death certificate be execu	may	TO FU	page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pa	bha a
1	5 M	10	(4	7

		MARYLA	ND STATE DEP	ARTME	NT OF HEALT	H-BALT	IMORE, 1	8		
)			424 CERT	IFICA	TE OF DEAT	Ή		Reg. Dist. No	0144	
1. P	LACE OF DEATH	GANY	MAI	RYLAND	2. USUAL RESIDENCE (VO. STATE YLAND	Vhere deceased	lived. If institution b. COUNTY	n: Residence befo	4	
	CUMBERL	AND	2 DAYS					RAL and give ne	arest town)	
d	OR INSTITUTION MEMORIAL	MOR I WARWICK	AVES.	/d. STREET ADDRESS 22 PENN	IA. AVE.			e. IS RESIDENCE ON A FARM? YES NO X		
E	NAME OF DECEASED (Type or print)	ANNIE	Midd		WILKES	4. DATE OF DEATH	FEB. 14		y Year 160	
S. S	FEMALE	WHITE W	MARRIED NEVER MAR	ED 🗍	JUNE 6		ort birthdoy) Of yrs.	Months Days	Hours Min.	
10a.	. USUAL OCCUPATIO during most of work	N (Give kind of work doing life, even if retired) HOUSEWORK	Own Home			D, MD.	ntry)		S.A.	
13. f	FATHER'S NAME WILLI	AM S. YATES			14. MOTHER'S MAIDEN	MARY A	NNE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10. [If yes, give war or dotes of service] 212-24-1670 MEMORIAL HOSPITAL CUMBERLAND, MD.										
7	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Massaure R. Carebral Islanding to the course (a) Massaure R. Carebral Islanding to the course (a), stoting the under lying cause last. (b) DUE TO Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
02	20a. ACCIDENT WA		b. DESCRIBE HOW INJURY					N IN PART 1(o)	PERFORMED? YES NO	
1 - 1	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work of work	20e. PLAC	CE OF INJURY (Home, for ory, street, office bldg., e	rm, 20f. (City o	r town)	(County)	(State	
	21. I certify that I attended the deceased from Sul. 1, 1960, ta Jak X, 1960, that I last saw the deceased alive an Sul. 1, 1960, and that death accurred at 10:40P M, from the causes and an the date stated abave. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) CLAY DURRETT									
	BURIAL, CREMATION REMOVAL (Specify) BURIAL	Feb.17,	22c. NAME OF CE		crematory Burial Par	-1-	on (City, town, or		(State)	
23. F	James F.	signature Scarpell	ADDRESS i, Cumberla	ind,	Md DATE	LE BASE SIZIN	24b. REGIST	RAR'S SIGNATUR	re	

		TATE OF A TRUE OF	
	CATE OF DEATH	11230 AUG	
ATTACK TO A STATE OF THE STATE	ALL VENT SE		VANADALIA
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 01448

1, P	LACE OF DEATH		15	40		2. USUAL RESIDENCE	Where deceas	ed lived. If instit	ulion: Residence	before admissi	ion)
°	. COUNTY A	llagany		MAR	YLAND	o. STATE Mary	land	b. COUN	" Alleg	any	
b.	. CITY OR TOWN II	outside corporate limits, w	ite RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corp	porote limits, write	RURAL and give	neorest lown	1)
	Frostb			10 days		Westernp	ort	43			
d	. NAME OF HOSPIT	AL OR INSTITUTION	(If not in he	ospitol, give street oddre	55)	d. STREET ADDRESS		1	١	e. IS RESI	DENCE FARM?
	Miner	s Hospita	1			215 Maryl	and A	venue		YES [and the same of
3, 1	NAME OF DECEASED	F	iest	Middle		Lost	4. DATE	Mon	th Do	у Үео	ır
(Type or print)	Marjori	e	Thomas	Wil	Liams	DEATH	2	10	19	60
5. SI	EX	6. COLOR OR RACE	7. MARE	NED TO NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER TYEA		
	B,	W	WIDOW	ED DIVORCED		lug. 16,19	35	24 yrs.	Months Days	Hours A	Viin.
10a.	USUAL OCCUPATION	ON (Give kind of warl	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stat	e or foreign c	ountry)	12. CITIZEN	OF WHAT CO	OUNTRY?
	Housewi	fe	U	wn Home		Lonaconi	ng, M	d.	U.S.	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Arthur E.	Tho	mas		Marjori	e Bon	ig			
15. (Ya)	WAS DECEASED EV	ER IN U. S. ARMED F		SOCIAL SECURITY NO	. 17. IN	FORMANT		Addres	Wester	nport	.Md.
1	No	None		220-32-425	pr.	Lowell W	illia		Md. A		
	18. CAUSE OF DEA	TH [Enter only one co		for (o), (b), and (c).		1		_ /	1 IN	TERVAL BETWEEN	1
	PART I. DEA	TH WAS CAUSED BY:	m	rassine	, 1	12 mAn	nru	Fmha	115m	SET AND DEAY	lon
	68114	DUE TO			-	01111011	7	7111301	13111	1049	CX
	Conditions, if a	au uAtak)		Minin	nti	no in	Doc	+ PAN	tim		
	gave rise to imme	diate couse	•	0014/110	11/	7	1001	1011	0111		
	(a), stoting the	ondarrying	cl			DIPPO	5				
2				ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PART 1(o)	19. WAS AU	TOPSY
ATIO					- mark					PERFORA YES A	MED?
윤	200. EXTERNAL CA	USE WAS	20b. DESCRI	BE HOW INJURY OCCU	RRED. (Er	ter nature of injury in Pa	ort I or Port II	of item 18.1		113 (25 1	10[]
CERTIFICATION	PRIMARY OF CO	NTRIBUTING 🔲 🔃		•	and the						
3	20c. TIME OF INJU	RY Month, Doy, Y	eor 20d	INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, for	m, 120f. (City	or town)	(County)		(Stote)
MEDICAL	Hour a.m.	19	Whi	ile Not while	facto	ry, street, office bldg., el	c.)				4-17-14
2	p. m.				d obox	e, held on Autop	. N N	enaction 🔽	Inquiry 5	7 0 1	1
				-	_			_			in my
	opinion deam	resulted from:	Noturor	couses Acci	dent [J. Suicide	nomiciae	Undet	ermined mon	ner 🔲	
	ACTUAL /	11/1/	106	1110		CHIEF MEDICAL E	Y AMINIED [7]			DATE SIG	NED
	SIGNATURE	V C		UIIC	*	M.U.		F.	2 11 11	210	
	EXAMINER'S NAME (Type)	W. O. Mc1	ane	м. и.	4	ASSISTANT MEDICAL		X / ZP	2.11/9	60	
220	BURIAL, CREMATIC	N. 22b. DATE THERE	OF	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Slote)	
	Burial		960	Frostburg	g Me	morial Par	rk F	rostbur	g. Md.		
23.	FUNERAL DIRECTOR	SSIGNATURE	- 19	afer Fune		1240. REC	D BY REGIST	RAR 24b. REG	ISTRAR'S SIGNAT		
i	Jun 1/1	Mkellen	142		Fro	STATE SING	SB 15'8	0	Thing & The	ued!	

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		West Car.	A Company of the Comp	
	5, 40.7 () \$2,4		11:00 16/25	
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TO DEPUTY ME. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne arry, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, at its designated agent, priar to burial, cremation, or remaval, and in fary event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1/98

		-0	
Reg. Dist. No.	01	4	45

	o. COUNTY	legany	7.2	MARYLA	- 11	o. STATE	Mary.		ed lived. If i b. CO	HNTY	idence be		nission)
-	b. CITY OR TOWN (II	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN		c. CITY OR			porote limits,			v	own)
	Cumber 1	7		45 yrs.		12		erlan			one give	1001011	,,,,
-			f not in hose	pital, give street address)		d. STREET	-	or retr	ICL			I . IS I	RESIDENCE
		ial Hospi				1	107	Race	St.			ON	A FARM?
3	NAME OF DECEASED (Type or print)	Fin Mar		Middle A		Wilso		4. DATE OF DEATH		Nonth	10		Year 19 60
5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED [3. D	ATE OF BIRTH	1		9. AGE (In yes	IF UND	ER TYEAR	IF UND	ER 24 HRS.
	Female	White	WIDOWED	DIVORCED [No	v.24,	1874		OF	yrs. Months	Doys	Hours	Min.
1	o. USUAL OCCUPATION	N (Give kind of work d	one 10b. K	IND OF BUSINESS OR IN		11. BIRTHPL	ACE (Stote o		,,		ITIZEN O	F WHAT	COUNTRY?
	House		0	wn Home		Blac	k Va.	lley,	Penn	18.	US	A	
1	3. FATHER'S NAME				14	. MOTHER'S	MAIDEN NA	AME			0.0.		
	Je	sse Caste	eel		100	A	nna	Offar	rd				
		ER IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	7. INFO	RMANT			Add	dress			
1.	no	In yes, give wor or odies or s		none	Mrs	. Che	ster	Crah	tree,	Cumbe	rla	nd,	Md.
F		TH [Enter only one caus	e per line f	or (o), (b), and (c).]							INTE	RVAL BETW	EEN
П	PART I. DEAT	H WAS CAUSED BY:		Chronic	my	cardi	tie	יון דוויו	1000 m	odem		LWK	ATH
	422.1	IMMEDIATE CAUSE (o)		OHIOHIC	щу	carui	و دیاں.	pull	ional y	eden	ka .	LWK	
	Conditions, if or	an anklak V		Arterio	scl	eroti	c CV	dise	ase				
	gove rise to immed	liote couse						alb c	- ADC				
L	(a), sloting the couse lost.	the same of the sa											
1;	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(c). IER SIGNIFICANT COND	OITIONS CO	NTRIBUTING TO DEATH B	UT NOT	RELATED TO	THE TERMIN	AL DISEASE	CONDITION	GIVEN IN P	APT 1/all	D WAR	VIGOTILA
15				right Hip						O.VEICHICT.		PERF	DRMED?
100	20g. EXTERNAL CAU		-	HOW INJURY OCCURRE		noture of in	incy in Port	Lor Port II	of item 18 1			YES []	но 🔀
CEOTIELCATION		ITRIBUTING (ZA		ell at hom		1101014 01 111	los y sur s det		or nem 10.j				
14501041	20c. TIME OF INJUR	Month, Doy, Yeo		NJURY OCCURRED 20e.	PLACE (OF INJURY (I	lome, form,	20f. (City	or town)	(0	County)	**	(Stote)
22.2	6:00 p. m.	Jan 25 16	O ol wor	k Ol while	Но		bidg., eic.j	Cu	mberl	and.	4116	00	HA.
ı	21. I certify th	at I taak charge	of the r	emains described			Autopsy		spection				d in my
L				auses 🛣 Accide									,
	1	1	. 0		Laul'						manne	-' []	
	ACTUAL SIGNATURE	Senochas	OXI	e tanile	1	CHIEF N	EDICAL EXA	MINER [DATE :	SIGNED
	SIGNATURE_/O	mulana	-OA	MANUTUCE	M	i.U.	NT MEDICAL	-					
1	EXAMINER'S NAME (Type)	r. Benedi	ict S	kitarelic,	, MD		MEDICAL EX			Feb	.10	,196	30
2	Po. BURIAL CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREO	-	22c. NAME OF CEMETERY	OR CRE	MATORY		22d. LOCAT	ION (City, to	wn, or county)	(Slot	(0)
	Burial "	2-12-6	0	Oddfellows	S CE	emeter	У	Flin	ntstor	ne, Md.			
2	. FUNERAL DIRECTOR			ADDRESS	3.53		240. REC'D			EGISTRAR'S	GNATU	RE	
	James F.	Scarpell	1, C	umber Land,	Md		DATEFER	1 5 '6	0 (Cirthur S	. Frau	A	

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			CHARLES SALE	STREET TABLES	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
144 CERTIFICATE OF DEATH

1447

	COUNTY	llegany		MARYLAND	o. STATE	DENCE (Where de	b	If institution.	437 -	efore odmis	sion)
b.		outside corporate limi	ts, write	2. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside	carporate lim		RAL and give		n)
d.	NAME OF HOSPITA	L (If not in hospital, g		No.		d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO					
3. NA	AME OF CEASED (pe or print)	Joh		Malter	Winebre	0		Monti bruar		th.	Year 19 60
5. SE)				DIN NEVER MARRIED	B. DATE OF BIRT				IF UNDER 1 YE		
	ale	White	WIDOWED			21st,190	last	birthday) 52 yrs.	Months Day		Min.
10a. L	USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b. K	IND OF BUSINESS OR INDU	JSTRY 11. BIRTHP	LACE (State or fore	ign country)		12. CITIZEN	OF WHAT	COUNTRY?
. ~	arman	ng me, even it rented	W.1	Md.R.R.Shor	s Man	ryland			U	SA	
13. FA	ATHER'S NAME					MAIDEN NAME					W
	William	Winebrer	ner		Susa	an Hutze	21				
15. W (Yes, n	AS DECEASED EVER		CES? 16. SC	ocial security no. 17. 1 +-01-0123Mr	NFORMANT		- C	Addre enner	"Slab, Mt.	town Sava	ge, M
11	B. CAUSE OF DEAT	H [Enter only one co	use per line	for (a), (b), and (c).]					1	NTERVAL B	ETWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (c	1 11	remed.						96.	Res.
	294X	DUE TO		2 1 -							
	Conditions, if an	y, which) (b	Cer	steral of	kroner	mele				Tre	vaz.
	gove rise to im couse (o), stating the	mediate (2		.7					
	lying couse last.	(0	100	lycustiem	ua Ru	elsa				2 17	22 ?!
NO N	PART II. OTHI	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMINAL D	SEASE CON	DITION GIVE	N IN PART 1(19. AVAS	AUTOPSY ORMED?
2	Brown	cheal 19	star	un Claron	rary A	rteny 1	/cari	Les.	seare.] NO 🛮
CERTIFICATION	Oa. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY A	UNDERLYING UCAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY OCCURR	ED. (Enter nature	of injury in Part I	or Port II of i	tem 1B.)			
MEDICAL	Oc. TIME OF INJURY Haur o. m. p. m.	Month, Day, Ye	ar 20d. INJ While at work	_ Not white fo	LACE OF INJURY octory, street, office		(City or tov	vn)	(Cour	ity)	(State)
2	1. I certify that	(I) (this-hospita	l) attende	d the deceased from.	SEPTI	1955	.to	128	19.60	thot (I)	(WE) lost
s	saw the decease	ed olive an	2/28	19.60, and that	death occurre	ed at J.A.M., f	rom the c	ouses and	d on the de	ote state	d obove.
2	20. SIGNATURE	Some	That	Ein hur.	M.D. PHYS.	MED.	R STA	FF rs.		2/	SIGNED
2	22c. PHYSICIAN'S	The state of the s			22d. ADDI						1/20
	NAME (Type)	Martin M.	Roti	hstein	11 48	Broadwa	v. F	rostb	וויס וו	N/d	
23a. E	BURIAL, CREMATION	I, 23b. DATE THEREC		23c. NAME OF CEMETERY	OR CREMATORY			City, tawn, o	-	(Sto	ate)
B	REMOVAL (Specify)	3-1-60	. 50	M. E. Ceme	tonir		Mt. S	avage			d.
-	JNERAL DIRECTOR'S		- 45	ADDRESS	ner y	25a. REC'D BY R		_	TRAR'S SIGNA		
	Joseph 1	R. Durst	, Fr	ostburg, Mo	i.	DATE MAR 2	'60	an	thun S. A	Track	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1495 CERTIFICATE OF DEATH

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director	1		2		
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er death. Page 4

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, for deat may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be the State Board of Health prior to burial, cremation, or remayal, and in any event, within 2 haurs ofter death.

10	8	0	O
VR 15	A	9/5	9

_		0		O :				
	PLACE OF DEATH OF COUNTY A LLEGANY	MARYLAND		STATE MARYLAND		. COUNTY	Residence before	
	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBER LAND	c. LENGTH OF STAY IN 16	0	CUMBER LANG		nits, write RURA	AL and give nea	rest Iown)
	NAME OF HOSPITALE NOR INSTITUTION MEMORIAL & WARWICK AVES	oddress)	1	d. STREET ADDRESS 300 BEDFO	RD STREE			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED Type or print) First ELIZAE	BETH S		ZILCH	4. DATE OF DEATH	Manth FEBR	UARY 16	
5. 5	FEMALE 6. COLOR OR RACE 7. MARR WIDOWS	5.0		TE OF BIRTH	lgs!		UNDER 1 YEAR	Hours Min.
10a	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWITE	kind of Business or Indi)wn Home	USTRY	11. BIRTHPLACE (State of CUMBERLAND			12. CITIZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME		14	MOTHER'S MAIDEN NA	ME			
	JOHN SCHILLER			ELIZABETH	LOWENST	EIN		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) (If yes, give war ar dates of service)		INFOR/			Address		
	No	None J	ear	nette Bonj	lg, Cum	perlan	d, Md.	
	PART I. DEATH (Enter only one couse per line part in DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-	3 onekeopnes	um	abread t	Reglit o	Gefrer		RVAL BETWEEN ET AND DEATH Soyn
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU the Hypertie	JT NOT	RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN	IN PART 1(0) 1	9. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	RED. (En	ter noture of injury in Po	ort I or Part II of	tem 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 While ot war	Not while fe		OF INJURY (Hame, farm, street, affice bldg., etc.)	20f. (City or tov	rn)	(County)	(Stote)
	21. I certify that (I) (this hospital) attends saw the deceased alive an 16 Fee			game 196				at (I) (we) -last stated abave.
	220. SIGNATURE Melice	el Glik	M.D.		D. STA			22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Louis Michael Glich	2	***	22d. ADDRESS Smallwoo	od St.	Cumbe	rland,	Md.
230	BURIAL CREMATION, 236. DATE THEREOF BURIAL (Specify) 2/19/1960	23c. NAME OF CEMETERY OR ROSE Hill M		soleum	23d. LOCATION (Cumb e	9 9	ounty) Md.	(Stote)
24.	Byron Kight Cu	mberland, Mo	d.		2 3 '60		AR'S SIGNATUR	

rapin HIMSO TO THE MAN THE STATE OF 27 0 30 TARRED CHOTOS SAL FIRST TREETING STATEMENT LONENSTED IN THE LOCKET MADE TO BE STOCKED AND A STOCKED